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This study was conducted to develop a model in which the resources accounted for under the Uniform Cart of Accounts (UCA) can be paired with Diagnosis Related Groups (DRG) and subsequently assigned to Major Disease Categories. The cost data were collected on one Major Disease Category and computed under both the UCA and DRG systems. The costs were compared to each other and against national averages. The study found a significant cost savings to the government when comparing actual costs and national averages. The study concluded that inefficiency is rewarded under the current system of UCA and converting to DRGs would reward efficiency in medical care.

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A MODEL RELATING

THE UNIFORM CHART OF ACCOUNTS TO MAJOR DISEASE CATEGORIES

A Graduate Research Project

Submitted to the Faculty of

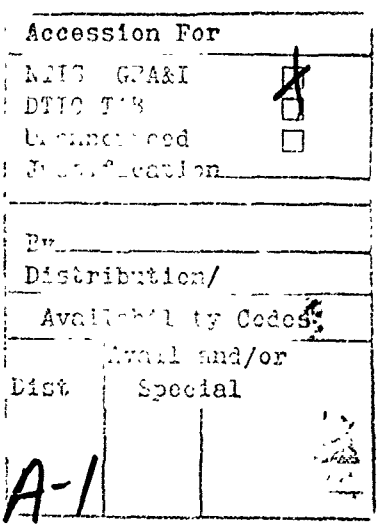
Baylor University

in Partial Fulfillment of the

Requirements for the Degree

of

Master of Health Administration



by

Andrew B. Cornell, Sr.

Captain, Medical Service Corps

October 1985

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I owe a debt of gratitude to many people for their help during the conduct of this research effort. First, I would like to thank my preceptor, Lieutenant Colonel Jack E. Bradford, who provided me with expert guidance, encouragement, and ready access whenever I needed his assistance. The hospital commander, Colonel Seymour Levine, also supported me and saw that I had all the resources necessary to complete this study. Without the assistance of these two individuals, this project would not have been successful.

The support of Major Stuart Baker and the Health Care Studies and Clinical Investigation Activity has also proven to be invaluable in the collection of data and identification of inpatient cases which were selected for this study.

Mrs. Betty Lewis, the librarian, graciously honored my every request for literature and her tireless efforts in obtaining publications are certainly appreciated. Mrs. Vada Gordon, the UCA systems manager; Captain Brian Knapp, the Comptroller; Mrs. Aleta Perkins and Mrs. Penny J. Maggio of the Comptroller Division did much to establish for me how the current fiscal accounting and Uniform Staffing Methodology (manpower) systems operate. Mrs. Mary Fisher, Chief of the Medical Records Administration Branch, tutored me endlessly on how the International Classification of Diseases serves to code diagnoses of patients who are undergoing treatment. Captain Richard Boggan, Chief of the Nursing Education and Training Service,

taught me the nursing model for acuity of care and coded each of the 94 cases in the study by day, through their lengths of stay to permit me to identify the number of direct care nursing hours. Other members of the Medical Activity staff who have contributed to my learning experiences during the residency year and during this research project are too numerous to mention, but I would like to express my sincere appreciation to them as well.

Certainly the support given to me by my reader, Chaplain (MAJ) William Caple and other various members of the Baylor Faculty should also be mentioned. Their critical remarks involved in the preparation of the final text presenting my research have been constructive and much appreciated.

Finally, I would like to thank my wife, Janet Carol, who has been a constant source of strength during this project and throughout the two years of graduate study. Her encouragement, assistance, and sacrifice as she undertook roles as mother, father, and home-maker in raising our children, Andrew Jr. and Rebecca, to enable me to pursue this research effort to completion have been the catalyst which has kept me going.

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I. INTRODUCTION

GENERAL

Studies in health care, health care administration, and health care costs are made difficult by numerous abstract concepts. Since this study deals primarily with health care costs and performance data, it is important to start with the most fundamental of definitions - "Health".

Health is a physical, mental, and social state which exists in living beings.[1] There are infinite states between excellent and poor health. An example of someone in excellent physical health might be an Olympic athlete. At the other extreme someone in poor physical health might be an aged, chronically or acutely ill individual who is near death. The perception of health is different among individuals. An individual might feel fine at the same time his physician considers him "not well". A mother might be concerned with a low grade temperature spiked by one of her children during the flu season and rush to the physician only to be told that the child is reasonably well and not to be concerned.

Health care is generally not an issue until an individual perceives that he is "not well". It is at this point that the individual might choose to utilize the health care system. Self care (taking two aspirins for a sore throat) is vastly different from seeing an internist for some exotic disease which has a sore throat as one of its symptoms. Individuals who perceive that

they are sick, therefore, might access different levels of health care ranging from self care through inpatient care in a tertiary treatment facility (medical center (teaching) hospital). Numerous other levels of care which exist between these polar extremes are, but are not limited to: unprofessional care (wife, friend, or the like), professional care (an outpatient clinic), nursing home care, and inpatient care in a secondary treatment facility (community hospital).

Attempting to measure the resources employed in providing health care gives rise to additional issues which are a function of the level of care being provided (self care versus tertiary treatment facility care, for example) and the adequacy of care. In this research project, the level of care will be assumed to be one in which there is a medical institution providing care which has in place accounting mechanisms to reflect where resources are being expended.

Adequacy of care is a judgmental concept that is objectively very difficult to define. A provider or hospital that is being reasonably reimbursed might consider adequate health care to be everything the patient wants. Conversely, if there is no reimbursement mechanism in place, a provider or hospital might seek to minimize the care he/it is willing to provide. Consider the magnitude of a general systems theory of health care[2] as shown in Figure 1.

An effective manager must successfully manage the rather complex task of blending the "inputs" of the health care process to efficiently produce first the intermediate outputs and then the final outputs. In order to continue as a successful business

activity, a health care facility's reimbursements for services provided must match its expenses. It is academically unimportant which outputs, intermediate or final, are paid for by consumers. The point is that adequate pay must be received for "adequate care".

GENERAL SYSTEMS THEORY APPLIED TO HEALTH CARE

Inputs =	Process =	Intermediate Outputs =	Final Outputs
Equipment	Clinic Visits	Patients Treated	Completed Treatments
Supplies	Inpatient Bed Days	Pharmaceuticals Dispensed	Reports
Personnel	ER Care	Lab Tests	Well Patients
Facilities	Preparation of Medications	X-Rays	Trained Personnel
Management Expertise	Meal Preparation	Occupied Bed Days	.....
Patients	.....	Nutrition Care	.....
...		....	.....
...			
...			

FIGURE 1

In the past the focus of health care managers has been on intermediate outputs. In civilian facilities, payment for health care is made by individual patients, the Federal Government, or third party payers (insurance companies). Cases for which no payments are received are labeled charity care and must be borne by the other payers. This "hidden tax" is referred to in the literature as cost shifting.[3] Obviously the parties making payment would prefer to pay for only the care rendered to their particular cases. Consequently, some third party payers do not pay full cost or charges. Blue Cross negotiates the "charges" which they will pay for care rendered to Blue Cross beneficiaries. Medicare and Medicaid also do not pay a full charge bill (by Legislative Edict).[4]

A move by Medicare in October 1983 to pay prospectively for (inpatient) health care marked a major change in the health care system. The risk of health care costs began to shift from payers to providers as final products became the focus of the health care system[5] (see Figure 1). Consumers started paying a fixed, prospective price for the final products or total treatment regimens catalogued in 470 Diagnosis Related Groups (DRGs).[6] Prospective reimbursement by DRG has replaced cost reimbursement in the Medicare/Medicaid arenas.[7] In some states Blue Cross has also adopted a DRG reimbursement system.[8] The Veterans' Administration has already moved to a DRG based budget allocation program - voluntarily.[9] It is quite possible that medical treatment facilities (MTFs) in the Department of Defense (DOD) will soon follow suit - either voluntarily or by Congressional mandate. Under prospective reimbursement, billing for intermediate products is eliminated. A simple illustration of a retrospective hospital billing system is shown below:

RETROSPECTIVE HOSPITAL BILLING SYSTEM

Work Units	Quantity	Charge/ Work Unit	Total Work Unit Charges
Bed Days	22	$451.00	$9922.00
Weighted Laboratory Procedures	67	$13.50	$894.00
Weighted Radiology Procedures	46	$24.50	$1127.00
Weighted Pharmacy Procedures	121	$7.25	$877.25
Total Hospital Bill			$12820.25

FIGURE 2

If this same care episode belonged to DRG #191 (Major Liver, Pancreas, and Shunt Procedures), its prospective payment would have been worth about $10,692 at central Virginia hospitals. It is easy to understand how providers would be enticed to minimize the intermediate products to the lowest level possible which still affords quality health care[10]

Accounting for health care costs is performed in military treatment facilities by a system entitled, "The Uniform Chart of Accounts"(UCA). Using the UCA, workload performance and costs are measured in terms of intermediate products (e.g. laboratory tests, radiographic procedures, pharmaceuticals dispensed, hospital bed days and others) and are aggregated into cost centers. These cost centers, under the present system, are the separate Departments and Clinics of an MTF which are allocated funds to perform their missions.[11] The UCA does not account for workload or expense information by respective cases or episodes of care. Theoretically, cost per episode of care could be determined by summing the cost of the intermediate outputs for each case (patient) treated.

Just as cost shifting occurs in civilian hospitals, it also occurs in the military. The issue in the military is not of billing consumers, but rather, is one of avoiding wasteful management practices. The tax paying American public should have no problem in paying a fair cost for a sick soldier's care at a military hospital, but when costs not directly related are added, there is room for taxpayer concern. Added onto the productive function of caring for eligible beneficiaries are many other expenses. Examples of these other expenses are: Temporary Duty

(TDY) of a physician attending a professional conference, committee meetings, physical training time, coffee breaks, time off to run to the Post Exchange, Security Briefings, and Field Training Exercises (FTX's). The prudent manager should seek to limit other acceptable costs (OAC) to some level that can be justified. If there is a "profit" in military health care, it might be in terms of the margin of other acceptable costs which can be afforded based upon productive health care workload. In this project it will be contended that this "profit" should be no more than some specified fraction (e.g. 25%) of total costs. It becomes clear that the most important issue to be answered is: "How does one determine the true, direct costs of military health care?"

CONDITIONS WHICH PROMPTED THE STUDY

The principal stimulus for this research effort was extra-institutional. Now that health care expenditures exceed ten percent of the Gross National Product (GNP), there is an increasing amount of public interest in controlling costs.[12] The desire to control costs is not easily fulfilled. There is a functional relationship between services desired and their costs. In economic terms these services are demanded by the willingness of consumers to pay for them. It would seem to be intuitively obvious that as more health services of increasing complexity, technology, and expense are "demanded", health care costs will continue to increase. The paradox is clear. Technology and

medical skills encourage use of health care services. Concurrently, the demand for those health care services must be decreased in order to reduce health care costs.

As political pressures increase to control the size of the DOD budget and to control health care costs in general, it is easy to predict that managers of the military health care system will seek ways to improve cost efficiency.[13,14,15,16] This researcher had a desire to explore the anticipated changes which would occur in the Army Medical Department (AMEDD) if budgeting were based on a prospective model similar to the DRG system currently employed for Medicare reimbursement. If AMEDD facilities were rewarded for cost efficiency by being allowed to spend any operational gains as they saw fit or if managers were evaluated (via Officer Efficiency Reports) with regard to their performance, it is easy to predict that they would be more productivity oriented. A central issue in this study is that the accounting system developed under the Uniform Chart of Accounts should be retained and modified to provide MDC and/or DRG information. Since expense data is being quite effectively captured under the UCA, the system warrants being kept. The problem is that the expenses are not being matched against performance data, but rather, performance (cost) centers.[17] In the future, it may be the treatment episodes (or final products) and not the cost centers which are funded.[18] Instead of allocating x dollars to the Department of Surgery, for example, y dollars will be funded for each appendectomy, and z dollars for each heart by-pass operation.

The mathematical model developed will also propose a variable (OAC or Other Acceptable Costs) for those nonproductive functions which military facilities must undertake to fully perform their missions (e.g. military training, physical training, and committee meetings).

Much work in the area of performance measurement has already been done by a special task force working under a charter from The Surgeon General of the United States Army. The Task Force, the US Army Health Care Studies and the Clinical Investigation Activity (HCSCIA), is attempting to develop a better model than the currently used Medical Care Composite Unit (MCCU) to measure workload performance by Army medical treatment facilities.[19] The main thrust of this HCSCIA study is toward Army Medical Department (AMEDD) inpatient workload. By comparison, this graduate research project is a limited effort to match the resources applied to the respective inpatient cases of a single MDC which were treated at Kenner Army Community Hospital (KACH) during 1984. HCSCIA provided original data to the research project by identifying cases of the 1984 KACH workload which belong to the MDC that was selected at the outset of the project. Assuming that automated equipment which is currently used in maintaining the UCA can be made available in the future to capture and manipulate data regarding health care resources, this model could readily be adapted to all MDCs and added to the UCA as a software change package. There are already functional automated systems (i.e. Pharmacy, Pathology, Radiology, and Personnel Utilization) that record cost/performance factors used

in support of the Uniform Chart of Accounts. This model will be suggested for use throughout the Department of Defense (DOD).

LITERATURE REVIEW

References supporting this study were drawn from two general areas. The vast majority of the literature dealing with military MTF cost and performance accounting is specific to the uniformed services. Non-military references are important to the concept of Major Disease Categories (MDCs) and Diagnosis Related Groups (DRGs). The principal literature references from both the military and non-military areas are briefly reviewed below.

The Uniform Chart of Accounts (UCA) was established by Department of Defense (DOD) Directive 6010.10 which was entitled, "Uniform Chart of Accounts for Fixed Military Medical and Dental Treatment Facilities", dated 19 May 1979. The effective date was 1 October 1979, and it was mandatory for use by all DOD fixed military medical and dental treatment facilities. The UCA, also known as "The Uniform Resources and Performance Accounting System for DOD Medical Operations", is designed to provide consistent principles, standards, policies, definitions, and requirements for expense and performance accounting and reporting by DOD fixed military medical facilities. Available from this system are uniform performance indicators, common expense classification by work centers, and a cost assignment methodology.[20]

Health care resources are costed and accounted for by the UCA methodology. Workload performance of health care services is likewise measured by the UCA methodology. Performance

factors vary among the different departments. The Pharmacy Department produces weighted procedures as does the Radiology Department and the Pathology Department. Linen Service performance is measured as pounds of linen processed. Department of Nursing support is based upon hours of nursing care rendered. The list of examples seems almost endless. At a small Army Community Hospital such as Kenner (121 beds) there are 206 separate UCA accounts. A listing of these is at Appendix B. The UCA permits the derivation of average cost per work unit. Determination of specific resource requirements, such as manpower, starts with identification of services to be provided, as indicated on the mission list. The mission list for Kenner Army Community Hospital is at Appendix C.

Once a particular service is defined in the mission statement, the level of staffing and the grade (rank) structure which is required to support that service is determined by the Uniform Staffing Methodology (USM). Existing Department of Defense and Army Directives regarding the USM are: DOD Directive 6010.11-M, Uniform Staffing Methodology for Fixed Medical Treatment Facilities and Dental Treatment Facilities; Army Regulation 570-4, Manpower Procedures Handbook; Department of the Army Pamphlet 570-4, Manpower Procedures Handbook; Department of the Army Pamphlet 570-577, Staffing Guide for US Army Medical Department Activities; and Department of the Army Pamphlet 40-XX, Uniform Staffing Methodology. Under the mechanism of the USM, work is measured by a "performance yardstick" which varies between departments but generally includes things like the number

of hours worked, the number of patients seen, and the number of weighted pharmaceutical, laboratory, or radiographic procedures performed. Performance yardsticks are used to establish the skills and number of personnel who are required to operate a given service.

Having captured performance and expense data by the Uniform Chart of Accounts and having established the manpower requirements to support the existing workload in accordance with USM, the Automated Source Data Collection System (ASDCS) becomes the next most necessary concept to understand in the accounting system. ASDCS has been implemented to support the administrative function of collecting workload statistics. It is an element of the UCA and consists of Pharmacy, Pathology, and Radiology components. ASDCS is supported under a contract with Federal Data Systems Corporation. Desk guides and supporting documentation are provided by the contractor. These user guides and manuals will be referenced as required.[21]

Pharmacy, Pathology, and Radiology components, also referred to as the Ancillary Services, measure cost of their respective departments and capture workload as weighted units. Consider the Pathology Department. The College of American Pathologists (CAP) has listed all of the procedures which a laboratory might perform and has established weights for each procedure. These weights are a reflection of resource intensity required for the procedures performed. Extracted pages from the listings of procedures with their respective weights for the three ancillary services are attached at Appendix D.

The Uniform Chart of Accounts Personnel Utilization System (UCAPERS) is a combination of UCA and USM systems. It was developed under DOD Contract MDA903-82-C-0200 dated 1 September 1984 by Federal Data Systems Corporation for the Office of the Assistant Secretary of Defense (Health Affairs) and the Army Medical Department. This system has recently been installed in Army Medical Treatment Facilities. Instructions and guidelines for this system are being provided by the contractor. UCAPERS is designed to report statistical information regarding manpower utilization through the Expense Assignment System Preprocessor (EASPP).

Moving out of military specific literature and into more general civilian references, assigning diagnoses into DRGs and MDCs is becoming an increasingly more common practice. Title VI of Public Law 98-21 (Social Security Amendments of 1983) added a section to the Social Security Act establishing a prospective payment system for Medicare payment of inpatient hospital services. Under the new system, Medicare payments are made at a predetermined rate for each discharge. These predetermined rates were set by Congressional Act. Their evolution was from a Yale University Study which was begun in the late 1960's. Discharges are grouped by related diagnoses called Diagnosis Related Groups. Of all potential discharges there are 470 specific DRGs into which any given diagnosis must be classified.[22] Each of the 470 DRGs has a weighted value which is a reflection of the resource intensity which is required to support it. Additionally, each DRG has a statistically determined Average Length of Stay. To establish the dollar value of any given DRG, the weighted value

of that DRG is multiplied by the blended case mix figure. The blended case mix figure is a single index figure for the average cost of an average inpatient's hospital stay. It is a reflection of the degree of complexity a given hospital maintains in its workload. There is a federal portion and a hospital specific portion, each of which consists of Labor and Non-Labor Components. Sample calculations of a Blended Rate Figure are shown at Appendix E. It follows that a DRG with a high weighted value is worth more than a DRG with a low weighted value. Section 1886 (d)(1)(A) of the Social Security Act provides for a transition period of three years during which a prospective payment rate, originally based upon historical hospital costs, is gradually changed to a national average cost for each diagnosis.[23]

The DRG system was created as an attempt to provide an effective framework for monitoring the quality of care and the utilization of services in a hospital setting. The first major application of DRGs was in the late seventies in the state of New Jersey. DRGs provided an operational methodology for defining and measuring a hospital's case mix complexity. Fundamental concepts employed in defining case mix complexity are: 1) severity of illness, 2) prognosis, 3) treatment difficulty, 4) need for intervention, and 5) resource intensity. The purpose of DRGs is to relate a hospital's case mix to the resource demands and associated costs experienced by the hospital.[24]

DRGs are, as the name implies, groups of "related" diagnoses. Initially, the Commission on Professional and

Hospital Activities (CPHA) divided all possible diagnoses into 349 mutually exclusive "major" diagnostic categories, each with 20 subcategories. This yields over 7000 patient classes.[25] There are even more diagnostic codes under the International Classification of Disease Adapted for Hospital Use 9th Edition, Clinical Methodology (ICDA-9-CM).[26] The large number of diagnosis classifications under CPHA and ICDA-9-CM methodologies presented operational problems. Consequently, another system of 23 mutually exclusive Major Disease Categories (MDCs) that roughly parallel the major body systems (e.g. circulatory, respiratory, etc.) was developed for principal diagnosis areas. There are 470 DRGs grouped under these 23 MDCs. Each DRG represents a statistical average of similar diagnoses from the ICDA-9-CM system. As stated earlier, the DRGs represent a hospital's case mix which is then matched to the resource demands and associated costs.

STATEMENT OF THE PROBLEM

To provide a management tool by developing a model in which the resources accounted for under the Uniform Chart of Accounts can be paired with Diagnosis Related Groups, and subsequently assigned to Major Disease Categories.

OBJECTIVES

The objectives of this research project were:

1. To accomplish the tasks indicated below:
    a. To examine the composition and structure of the

Uniform Chart of Accounts (UCA). (UCA is designed to capture workload and expense data.)

b. To examine the current regulation(s) regarding Uniform Staffing Methodologies (USM). (USM is designed to capture manpower data.)

c. To review the methodology of the Uniform Chart of Accounts Personnel Utilization System (UCAPERS) in combining UCA and USM information.

d. To review the methodology of assigning diagnoses for disease injury and illness to codes of the International Categorizaiton of Diseases Adapted for American Hospital Usage, 9th Edition, translating those codes to ICDA-9-Clinical Methodology Edition, assigning the ICDA-9-CM codes to one of the specific 470 DRGs and then assigning the DRGs to one of the 23 MDCs.

2. To select a particular MDC for study.

3. To illustrate how the Automated Source Data Collection System (ASDCS) can be used in collecting and manipulating UCA data. Pharmacy, Pathology, and Radiology data will be taken from the ASDCS currently in use at KACH. (USM data will be taken from the UCA quarterly reports.)

4. To select a department at Kenner Army Community Hospital (KACH) for the proposed study.

5. To portray in a mathematical model the relationship between expense data as recorded by the UCA and performance data as indicated by the DRGs which were supported.

CRITERIA

The criteria of this research project were:

1. Of all inpatient cases supported in 1984, 99% must be assignable to DRGs and, subsequently, to MDCs.

2. The MDC selected for study must be supported by KACH seven to eight times per month with certain DRGs being supported fifteen to thirty times per year.

3. Expenses of key participants in supporting each of the cases identified for the study must be determined.

4. Verifiable costs for each episode of care must be determined.

5. Average DRG costs must be established.

6. A formula which uses average DRG costs must be developed to predict an MDC cost as a function of the frequency that each DRG is supported.

ASSUMPTIONS

The following assumptions were made for the conduct of this study and were predicated upon data provided by the Uniform Chart of Accounts.

1. The UCA currently captures and effectively allocates hospital expenses to particular cost centers.

2. The UCA system accurately reflects workload performance of the respective cost centers.

3. The recently installed ASDCS system at KACH, with only minor modification, could make possible the entry and manipulation of data in accordance with the design of this model.

4. Patients treated by KACH will be assumed to be representative of the entire local patient population.

5. The hospital and staff at KACH will cooperate and support this study to the fullest extent possible.

LIMITATIONS

The following factors restricted the researcher in the conduct of this study.

1. Due to the numerous 4 Digit UCA codes in the accounting system and the complex interrelationships of DRGs within an MDC, this model will be limited to not less than 4 and not more than 12 UCA codes.

2. Only one MDC will be selected and developed in the model in order to keep the study manageable.

3. The study will be limited to inpatient workload in order to keep its size manageable.

4. Due to budgetary constraints this entire study will be performed at KACH.

5. Data from Calendar Year 1984 will be used to determine cost/DRG/MDC relationships.

6. Institutional operation of the UCA will initially remain unchanged, requiring that the model conform to the framework of the UCA. (Information required will have to be manually extracted from UCA reports.)

RESEARCH METHODOLOGY

The steps to accomplish the research objectives were as follows:

1. The mechanics of the current UCA accounting system will be discussed. How it works will be described using an organization structure model. Components of the UCA will also be discussed. These components will be: the use of Medical Care Composite Units (MCCU's), the Step-Down Assignment Statistic (SAS), the Automated Source Data Collection System (ASDCS), and the Uniform Chart of Accounts Personnel Utilization System (UCAPERS). Because the UCAPERS component of the UCA is important in assigning hours of support to particular cost centers, its relationship to Uniform Staffing Methodology will also be discussed.

2. The (23) MDCs will be introduced and a concept developed in how budgeting might be done using them as a system of accounting. MDC #7, Diseases and Disorders of the Hepatobiliary System and Pancreas, will be selected for study. It is an MDC which is frequently supported by KACH (7 to 8 times per month); it is often treated by a single service (Surgery); and it is projected to occur frequently enough (15 to 30 cases in selected DRGs per year) to provide a statistically valid sample.

3. The relationship and differences of ICDA-9 to ICDA-9CM will be described. Use of a model to transition from ICDA-9 to ICDA-9CM developed by the Health Care Studies and the Clinical

Investigation Activity of Health Services Command will be employed to assign the ICDA-9 codes to the 18 DRGs of MDC #7. These DRGs are #191 - #208.

4. A list, by DRG, of all ICDA-9 codes, performed by KACH in 1984, belonging to MDC #7 will be prepared.

5. A study of the inpatient support given to each of the ICDA-9 codes (cases) belonging to MDC #7 will be performed in order to determine the cost of the total support given to each case.

a. Initially the inpatient services will be paired with the cases identified for the study. In fact, this includes Medical Service, Surgical Service, Gynecology Service, and Psychiatry Service. Costs will be roughly estimated as a function of the service specific cost per occupied bed day (provided from quarterly UCA reports) and the length of stay (obtained from the medical record).

b. A more refined cost per case will then be established by reviewing the medical records and determining the cost of support provided by the "key participants" to each of the cases. The Ancillary Services (Pharmacy, Pathology, and Radiology), Nursing Staff, Operating Room Staff, Recovery Room Staff, and Anesthesiology are the key participants which will be identified. All "Other Supporters" will remain in a single general category. Costs per performance unit (e.g. weighted procedures, nursing acuity of care categories (Nursing Care Hour Standards Study[27]), hours of care, and occupied bed days) will be determined. This cost per performance unit will then be applied to the workload (number of performance units) supporting each

case based upon documentation found in the medical record. From UCA methodology,[28] workload and expense data will be paired with the workload units per case as identified in the medical records to derive the following formulas:

Workload units per case/Total UCA code workload reported x 100
= % UCA Code workload per case

% UCA code workload/case x Total expense of UCA code =
Cost of UCA code's contribution to the case

6. The total cost of each case will be determined by collecting the total cost of each department's support to that case. Using the previous formulas, it will be proposed that the estimated cost for a given case can be obtained from the following formula:

$$a(DxA) = aa'U1 + aa''U2 + aa'U3 + ...aa'Un$$

Where a = the number of cases of DxA treated
DxA = the average cost of treating Diagnosis A
a' = the proportion of the indicated UCA Codes supporting DxA.
U1 = UCA Cost of Contribution from Department 1
U2 = UCA Cost of Contribution from Department 2
U3 = UCA Cost of Contribution from Department 3
Un = UCA Cost of Contribution from Department n
Where n is the aggregation of all other supporting departments.

Costs of cases or diagnoses belonging to the same DRG will be added and averaged to determine an average DRG cost. Additionally, a 95% confidence interval will be calculated for each average DRG cost in order to indicate how well that average cost represents the "universe" of cases belonging to that DRG. These average DRG costs will be used as "normal" values in the mathematical model for the MDC's cost. (These "normal" values should be reviewed and updated with expansion of the data base.)

7. The following formula for MDC #7 resource requirements will be developed from the aggregated average costs of each DRG:

Resources allocated to MDC #7 =
a(DxA) + b(DxB)+c(DxC) + ...n(DxN) + OAC

Where a = the number of cases of DxA treated
DxA = the average cost of treating DRG A (For MDC #7 the first DRG would be #191)
b = the number of cases of DxB treated
DxB = the average cost of treating DRG B
c = the number of cases of DxC treated
DxC = the average cost of treating DRG C
n = the number of cases of DxN treated
DxN = the average cost of treating the last DRG of the MDC (for MDC #7 this would be DRG #208)
OAC = Other acceptable costs (i.e. PT, Unit Training, Committee Meetings, and Admin/Log Functions). The OAC will be expressed as a percentage of productive Dx costs (i.e. .25(a(DxA) + b(DxB)+c(DxC) + ...n(DxN))

(The formulas in 5b, 6, and 7 were derived and are proposed by the researcher.)

The OAC variable is intended to be used as a "profit margin". "Profit" earned in productive care must be sufficient to cover the necessary nonproductive activities. If budgeting were done by DRGs/MDCs the amount allocated would be prospectively set. This implies that if cases cost more than the resources allocated to them, the OAC variable would be negative in order for the formula to be true. The .25 figure is a random number. Commanders would have to establish, after careful study, the level at which to set resource allocations. This level should be objectively established with some maximum allowable fraction for "non-productive" activities.

8. KACH's cost per DRG will be compared to a nearby civilian hospital's DRG prospective reimbursement values in order to place the information obtained from the study in perspective with civilian health care literature.

FOOTNOTES

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II. DISCUSSION

MECHANICS OF THE UNIFORM CHART OF ACCOUNTS

The origin of the Uniform Chart of Accounts was previously mentioned in the Literature Review. DOD health care managers are expected to use the UCA for establishing a uniform reporting methodology that provides consistent financial and operating performance data. There are two areas in which the present system falls short: 1) the reporting system is not totally uniform between services (Army, Navy, and Air Force) or even between facilities in the same service even though this was the original intent;[1] 2) while fairly successful in reporting relatively uniform performance and expense data, the system falls short of reporting costs per patient treated.[2] The UCA does report in which departments or clinics expenses occur, but it does not match expenses to the cases which they support.

Perhaps the easiest way to explain the UCA is to imagine a single checkbook from which a military hospital operates. From this checking account, specific elements of expense are paid to subaccounts labeled UCA codes (e.g. BBAPA = Dermatology, BAAXA = Inpatient ICU/CCU, and so forth). An audit trail can be established to determine the amount of money spent on each element of expense (e.g. manpower, supplies, equipment, and travel) in a given period of time. Furthermore, each department, branch, section, or activity can be monitored with regard to resources consumed.

A listing of the UCA codes or accounts to which expenses are assigned at Kenner Army Community Hospital is at Appendix B. The UCA accounts parallel the hospital's organizational structure[3] which is generally illustrated at Appendix F. Just as command and control flow downward along the schematic of the organizational structure, so also does the hospital's operating budget. Monies provided to the facility for its operation are divided under the commander's authority and provided to each department, branch, section, and activity.

In accordance with HSC Supplement 1 to Army Regulation 37-100-86, Financial Administration; The Army Management Structure (AMS), performance or workload is measured by a unit of measure called the Medical Care Composite Unit (MCCU). MCCUs are earned in four ways. First, 10 MCCUs are earned for each hospital admission. Second, 10 MCCUs are earned for each live birth. Third, 1 MCCU is earned for each occupied bed day. Fourth, .3 MCCUs are earned for each outpatient clinic visit.

The desire of a manager to match his inputs (resources made available) of the health care process to outputs (patients treated or services provided) is not well served by the MCCU mechanism. A short term admission of a patient for elective surgery in which there is no complicating concurrent illness is vastly different from a long term admission of an elderly patient with numerous chronic, concurrent illnesses to the ICU. These two admissions are both worth 10 MCCUs but the ultimate cost of treatment is much greater for the ICU patient. Consider an inpatient (occupied bed day) in the ICU as compared to an inpatient on a minimal care ward. The ICU patient may be

receiving continuous care and monitoring by 2 nursing staff personnel 24 hours per day while the minimal care patient has a cursory visit from an aidman twice a day to obtain and record vital signs. Certainly these two inpatients are not receiving the same care but both are receiving 1 MCCU credit per hospital bed day. An outpatient clinic visit in Internal Medicine is very different from one in Dermatology or the Outpatient Clinic. An Internal Medicine visit may take an hour or more and involve a number of laboratory tests, an EKG, numerous prescriptions, and other services. A Dermatology appointment might take 10 minutes and result in a prescription for a topical ointment. While it can easily be argued that the two are not the same, they are both afforded .3 MCCU credits.

The point is that health care is too heterogenous to be lumped into just four general classifications. Specific costs must be determined on a case-by-case basis. The Uniform Chart of Accounts does allocate expense data to the various cost centers, and it does, with the help of MCCUs, <u>crudely</u> measure performance data. Indirect costs originally allocated to intermediate accounts (e.g. linen service, nutrition care, and administrative/personnel services) are distributed to final expense accounts (patient care or "productive" cost centers) by way of a technique called "The Step Down Assignment Statistic" (SAS). The UCA system does not provide accurate data on a case-by-case basis as to the cost of treating any particular patient. Efforts by managers to economize their resources are hindered by not knowing, or being able to establish, the total cost of treating any particular type of case.[4]

Despite the weaknesses of the MCCU system of performance measurement, it is the system in use by the DOD. How MCCUs are used must be fully understood. Treatment facilities are programmed to perform a certain number of MCCUs per day by their respective higher, major commands. The supply portion of the (approved) Annual Operating Budget (AOB) is tied to the number of MCCUs programmed. The target value for the "cost" of an MCCU at KACH is established by the United States Army Health Services Command (HSC). In 1984 this target value was approximately $18.00 per MCCU per day, and KACH's programmed workload was 351 MCCUs per day. This yields approximately $6318 per day or $2,306,070 ($6318 x 365 days) per year for the supply portion of the KACH 1984 AOB. This $2,306,070 was assigned to the respective departments, branches, sections, and activities using the appropriate UCA account codes.

As in previous years, the 1984 budgets assigned to each work center (UCA account) were not based upon the exact workload being done. They were based, instead, upon historical budgets which were afforded to each account coupled with an intuitive guess of expected workload (projected increase or decrease over the previous year). The supply budgets for departments not directly involved with providing health care (e.g. Logistics; Plans, Operations, Training, and Security; the Comptroller; the Command Group; and others) were factored into that supply cost per MCCU.

A treatment facility's total budget includes the AOB (which supports supply and some other operational expenses) a manpower budget, a major equipment acquisition budget, and a construction

budget. These latter types of budgets are not directly related to MCCUs earned; other mechanisms govern the establishment of their funding levels. Dollars spent on the total budget are charged to each work center and recorded by the UCA. In general, because the MCCU performance measure only relates to a part of the total budget, it falls short of supporting the UCA in matching performance to expense. The UCA tends to be more effective in measuring and accounting for total expense data than total performance data. Occupied bed days, laboratory tests performed, and other workload are measured, but the UCA does not relate the workload directly to MCCUs or episodes of care.

Two subsystems now included in the automated UCA system delve more fully into workload performance and cost measurement for specific components of the health care system. First, the Automated Source Data Collection System (ASDCS) measures the weighted units of production for the Ancilliary Services (Pharmacy, Pathology, and Radiology). A cost per weighted unit is established by dividing total cost (of a particular service) by total weighted units produced (by that service).[5] This system is not directly related to MCCUs but is a valuable management tool in monitoring each of the respective Ancillary Services. This kind of information is quite useful in the model to be developed in this project. Second, the Uniform Chart of Accounts Personnel Utilization System (UCAPERS) is an automated system to help manage manpower resources. It combines Uniform Staffing Methodology (USM) with the UCA. Specific benefits to be gained from UCAPERS are listed below:[6]

UCAPERS BENEFITS

1.- Accurate utilization data, by department, of actual time worked rather than time scheduled.
2. Borrowed and loaned labor report by individual.
3. Overtime/compensatory time report by individual.
4. Maternity leave report by individual.
5. Sixteen types of alphabetic personnel rosters.
6. Automated TDY log.
7. Schedule X data for all work centers.
8. Personnel Utilization Data for USM.

FIGURE 3

UCAPERS will attempt to account for manpower availability, defend staffing requirements, and reflect the general uses of available manhours. Since USM is responsible for establishing and justifying staffing requirements and for recording the hours of manpower involved in specific duty sections, its combination with the UCA should help relate manpower expense to workload performance (hours worked). UCAPERS replaces a manual reporting system for USM. A sample of the form used in the manual system (HSC Form 346-R) is shown at Appendix G. This form has been replaced by direct entry onto menu driven screens of the multiple terminals of an automated data base. The exact mechanics of UCAPERS are available in the appropriate users guides provided under contract by the system vendor to the Office of the Assistant Secretary of Defense (Health Affairs).[7]

Fundamental to fully understanding UCAPERS is a working knowledge of the USM. Once a particular service is defined in the mission statement, the level of staffing and the grade (rank) structure which is required to support that service is determined by the Uniform Staffing Methodology (USM). A reduction in the patient population being served would be expected to reduce the

authorized staffing level, just as an increase in the population being served would be expected to increase the authorized staffing level. An example of the "Schedule X" manpower survey mechanics used in determining the staffing level to be authorized for the Department of Surgery is provided at Appendix H.

HSC surveys MTFs under its control and determines recognized manpower requirements for the entire command to accomplish its health care mission. These recognized requirements are submitted to Congress annually. Since Congress may choose not to authorize the full level of recognized requirements, a lower staffing level (called authorized manpower requirements) becomes the concern for staffing managers. Authorized requirements are those for which funding exists to hire civilian personnel or to assign military personnel.

Staffing levels do not frequently change for two major reasons. First, a hospital's catchment area and size of population served is relatively stable. The second major reason is that changes to the mission list do not often occur. For the purposes of this research effort it will be assumed that the established staffing authorization is relatively constant. The UCA records the expense data for these relatively constant staffing levels and the manpower expense figures used in developing the model to relate the UCA to DRGs will be taken from the quarterly UCA reports.[7]

One specific concept regarding "general uses of manhours" should be addressed. Entries to both UCAPERS and the older manual USM are for the number of hours rendered to specific work centers (e.g. 6 hours to a primary duty section and 2 hours to

military training). Better information to an effective manager would be how many hours are rendered to specific services or what was done during that 8 hours of duty (e.g. 2 hours to cholesystectomy admission number 037345, 1.5 hours to vasectomy admission number 037312, 1.25 hours to unit level physical fitness training, 2.25 hours to 6 outpatient clinic visits, and one hour to Continuing Medical Education). From this more specific data, many valuable statistics regarding cost/performance relationships could eventually be generated. Examples of reports which could be provided are average time per cholesystectomy, percent of available time dedicated to physical fitness training, and average time per clinic visit. This kind of data would be difficult to gather under manual methods. With automation, however, the gathering and manipulating of this data would be an attainable objective.

THE 23 MAJOR DISEASE CATEGORIES

The World Health Organization has attempted to facilitate the identification of the reasons for which a person might be admitted to the hospital by creating a catalog of diagnoses. The title of this three volume catalog is the International Categorization of Diseases Adapted for US Hospital Use (ICDA). The Army uses the 9th Edition of the ICDA (ICDA-9). Most civilian hospitals in the United States have transitioned from ICDA-9 to a modified edition for Clinical Methodology (ICDA-9-CM) because of its ability to capture more of the ambulatory

workload. There are thousands of diagnoses with corresponding 5 digit number codes in the ICDA-9 and ICDA-9-CM.

As mentioned in the literature review, the Yale University study established 23 MDCs which include the 470 DRGs.[8] Certainly 23 categories were less cumbersome for categorizing the thousands of diagnoses which were already established by the ICDA index. In general, each MDC was constructed to correspond to a major organ system (e.g. Respiratory System, Circulatory System, Hepatobialary System). A complete listing of the MDCs is at Appendix I. Each MDC was evaluated to identify those additional patient characteristics which were expected to have a consistent effect on the consumption of hospital resources. From this evaluation, Diagnosis Related Groups (DRGs) were identified within each MDC. As the name implies each DRG was a group of diagnoses which were similar.

Under this system all inpatient health care can be divided into the 23 MDCs. Each MDC can then be divided into a set of particular DRGs. Each of the 470 DRGs is comprised of numerous, specific diagnostic codes indicated by the ICDA and CPHA systems. An alternative to budgeting in accordance with the organzation structure at Appendix F would be to budget in accordance with the MDCs being supported by the hospital. The advantage to funding based upon an MDC model would be that funding could be applied directly against work being performed and not departments performing the work. A model of this concept is shown at Figure 4.

AGGREGATION OF CARE COSTS INTO DRG'S AND MDC'S

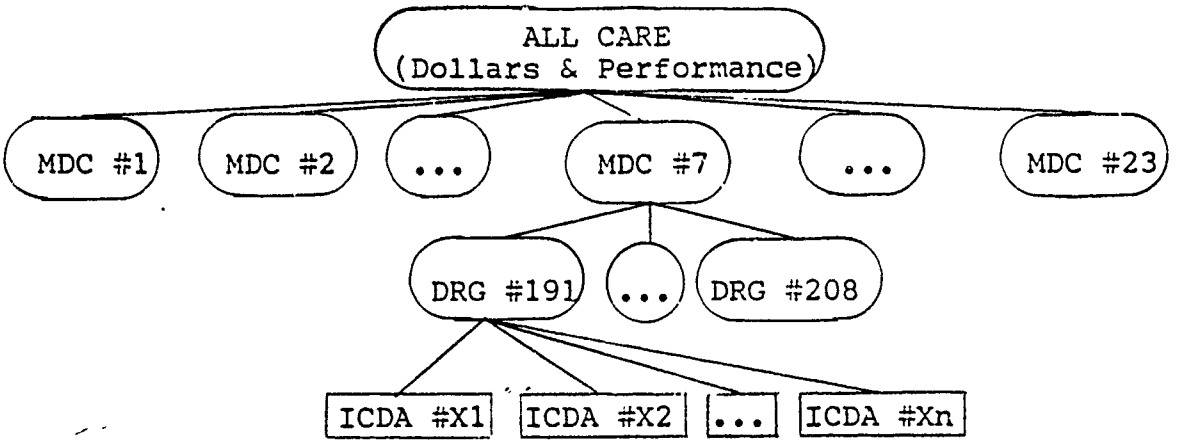

FIGURE 4

A list of all 470 DRGs complete with average length of stay, weighted values, and prices set by a nearby community hospital is at Appendix J.

This paper will focus on MDC #7, Diseases of the Hepatobialary System. There are 18 DRGs in this category. The specific DRGs of MDC #7 are highlighted at Annex 1 to Appendix J. Also shown are the frequencies that KACH performed each of these DRGs in 1984. MDC #7 was selected because KACH had performed roughly 100 of these cases in Calendar Year 1984. One hundred cases was about the maximum number of cases that a single researcher could evaluate. Also, MDC #7 tends to be comprised of more surgical procedures than medical cases. Quantifying hours required for surgical procedures is a simpler task than attempting to quantify the time required for purely medical procedures. This made possible the selection of the Department of Surgery as the principal department for the study.

Identification of the cases belonging to MDC #7 was done by the HCSCIA. Inpatient cases performed at KACH in CY 84 reported under ICDA-9 codes were in an automated data base. ICDA-9 codes cannot be "grouped" into DRGs. KACH's ICDA-9 codes were translated to ICDA-9-CM codes by HCSCIA. ICDA-9-CM codes were then processed through a "Grouper" program to distribute them to the appropriate DRGs. ICDA-9 codes must be translated because the CM version is the program upon which DRGs are based. ICDA-9-CM is considered more desirable than ICDA-9 because medical records technicians can also code clinical or ambulatory workload. Of 3756 records processed all but 35 were effectively assigned to a DRG. Of the DRGs in MDC #7 (#191 to #208), there were 94 cases from KACH's CY84 workload. The report from HCSCIA is at Appendix K.

THE MODEL

Specific inpatient case numbers identified by HCSCIA were referenced against the KACH inpatient admission register. A roster was then set up containing the information illustrated at Figure 5 below.

ROSTER

NAME	Register #	DRG #	SVC	FMP	SSN	LOS	REMARKS
2. XXXX	0320126	192	AA	30	586-01-5186	6	A2,79
3. YYYY	0320897	194	BA	30	223-60-7293	10	
4. ZZZZ	0320221	197	BA	02	251-64-3520	22	
...	...	...	..	..	.....	..	

FIGURE 5

The complete roster is at Appendix L. The roster of names and register numbers was used to obtain the medical (inpatient) records. (Names of patients were, in fact, deleted from Appendix L in order to protect the privacy of the individuals involved.) Register # refers to the inpatient admission numbers assigned to individuals at the time they enter the hospital. This number is subsequently used in medical statistical reporting. DRG # refers to the DRG to which each inpatient diagnosis belongs (#191-#208). At Appendix M is a pairing of the ICDA-9 codes to the appropriate DRGs. SVC refers to the hospital service to which the patient is assigned during the treatment regimen (AA = Medical Service, BA = Surgical Service, CA = Gynecology Service, and FA = Psychiatry Service). The first two digits of the four digit UCA codes align it with the inpatient service which it supports. FMP refers to Family Member Prefix (20 = active duty service member, 30 = spouse of active duty service member, 01 = 1st child, 02 = 2nd child, and so forth). SSN stands for the patient's social security number. LOS is the acronym for length of stay. The remarks column is used to identify the multiple admissions in 1984. (The person at roster number 2, for example, is also roster number 79.) At Annex 1 to Appendix L is a calculation showing the average length of stay for the cases in the study. For the cases of MDC #7 which are being analyzed the average length of stay was 10.9 days with a standard deviaton of 10.99. Clearly there is no strong central tendency for the LOS for MDC #7 when considered collectively. Appendix M portrays the pairing of the ICDA-9 codes to the appropriate DRGs.

From the quarterly UCA reports, cost and performance data were extracted for the hospital services which supported MDC #7. A complete listing by quarter is at Appendix N. An overview of the annual data is shown at Figure 6 below.

ANNUAL HOSPITAL SERVICE COST/PERFORMANCE DATA

Service	Total Expense ($)	Total Performance (Occupied Bed Days)	Average ($/OBD)
AA - Medical	3797914	15517	244.76
BA - Surgical	1912896	5997	318.98
CA - Gynecology	863741	2271	380.34
FA - Psychiatry	312827	1207	259.18
Total	6887378	24992	275.58

FIGURE 6

Average cost per Occupied Bed Day (OBD) was obtained by dividing total expense by total OBD. The figure $275.58 represents all expenses (e.g. the utility bill, linen service, clinician fee, ancillary support, administrative and logistical support, and all other services) involved with the average inpatient occupied bed day. The mechanism which permits the consolidation of direct and indirect costs to final operating expense accounts was mentioned earlier in the discussion of the UCA; it is the "Stepdown Assignment Statistic" (SAS). Expenses are distributed in a designated hierarchial order in accordance with the rules provided at Appendix O. This distribution at KACH resulted in the 1984 service specific total costs indicated at Figure 6.

Multiplying the LOS for each of the 94 cases by the average cost/day of its associated service (AA, BA, CA, or FA) yields an estimate of the cost of each case. An example is shown below.

COST ESTIMATE PER DRG FROM UCA COST/PERFORMANCE DATA (UNADJUSTED)

Case #	SVC	LOS		Average Cost/OBD		Case Cost
2	AA(Medical)	6	times	$ 244.76	=	$1468.56

FIGURE 7

The cost of each DRG in MDC #7 which KACH treated in 1984 is calculated at Appendix P. Also at this Appendix KACH's estimated costs per case are compared to the DRG reimbursement values of a local community hospital. Row numbers of Appendix P relate to the row numbers on the roster at Appendix L. Column I is the average cost of an inpatient bed day, by service, at KACH. Column J is a nearby community hospital's DRG reimbursement rate. Column K is the DRG rate minus the estimated KACH cost. Negative numbers indicate that KACH was more expensive than the civilian hospital. Row 96 of Appendix P has the total costs. KACH MDC #7 cases of 1984 were $278,056.94. The DRG reimbursement for those cases would have been $282,794.38. The difference in total cost between the DRG rate and the estimated KACH cost was $4737.44. From this chart it is apparent that KACH was estimated to be $4737.44 or 1.7% cheaper than DRG reimbursement would have been for the same 94 inpatient cases. It should not be overlooked, however, that on some specific cases KACH is more expensive. Money is lost because patients are kept for what would appear to be an excessively long LOS. One additional point is that DRG rates do not include provider fees (doctor, anesthesiologist, and so forth) so the cost savings in having those cases done by KACH is actually even more than the dollar value shown.

Appendix P is a rather rough cost per case estimate. Average costs per OBD might not be representative of specific

cases. A better model is necessary to be able to truly defend the assertion that the costs of KACH cases can be determined or even that they are or are not cheaper than DRG rates. Recall that the average bed day cost includes all direct and indirect costs of cases treated. By extracting the expense data of larger, more expensive, contributors of care from the average cost per bed day, it is possible to reduce the degree of error attributed to case averaging. Subsequently, by adding back the exact expense of these larger contributors of care, a truer cost for each case can be established. The departments identified in this study as "larger contributors" were: ancillary service support, nursing care support, operating room support, recovery room support, and anesthesiology support. Total operating costs incurred by each of the larger contributors in the performance of their mission were obtained from quarterly UCA reports, and this extraction was done. The fractions of cost for each of the "larger contributors" were identified and subtracted from the total cost of the respective services (AA, BA, CA, and FA). This is illustrated in Figure 8. A complete table of the itemized costs is shown at Appendix Q. The machinations which produced these itemized costs are shown at Annexes Q1-Q7 to Appendix Q.

Expenses were aggregated by all UCA codes belonging to the given services. In nursing, for example, AAHA is the code for the medical intensive care ward, AAXA is the code for medical patients on ward B2, ABCA is the code for surgical intensive care patients, and so on. From the adjusted or purged data regarding OBD costs at Appendix Q, it is possible to start redefining the

FRACTIONALIZATION OF LARGER CONTRIBUTORS

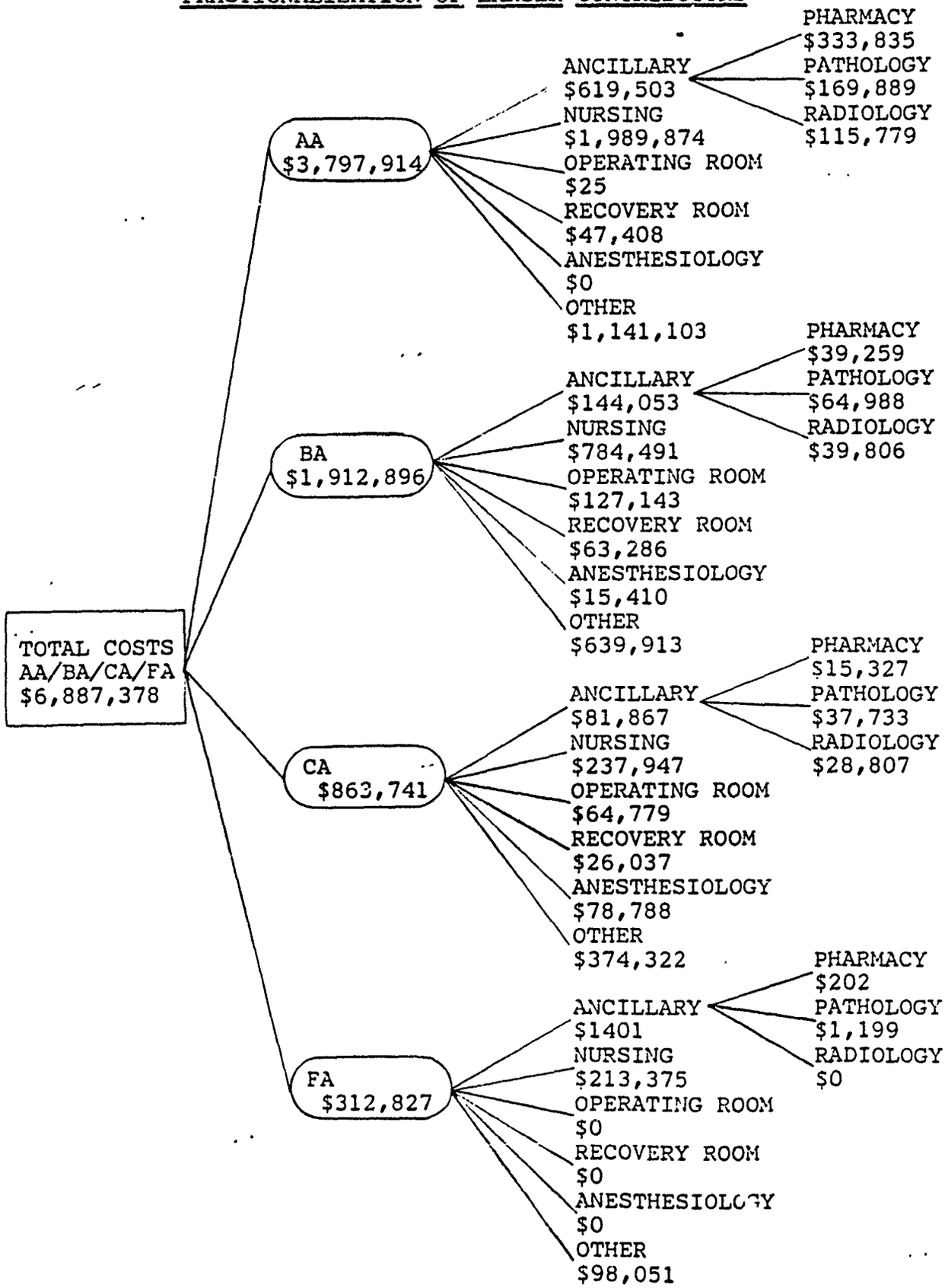

FIGURE 8

cost per DRG. The adjusted cost per service per OBD includes the clinician's cost, a share of the linen service's cost, a share of the utility cost, a share of base operations costs, and the other costs recorded in the remainder of the 206 UCA codes employed at KACH other than those itemized as "larger contributors". Though all 206 UCA codes could have been itemized, it is beyond the scope of this paper to do so. Multiplying the LOS for each case by the adjusted cost per OBD figure (for the applicable service (e.g. AA, BA, CA, and FA)) yields a general expense figure for placing and keeping the individual in the hospital. This is done at Appendix R.

The next step is to determine the expense of each patient's care by each of the "larger contributors" and to add that expense to the base line or general expense category. This process is shown in Figure 9.

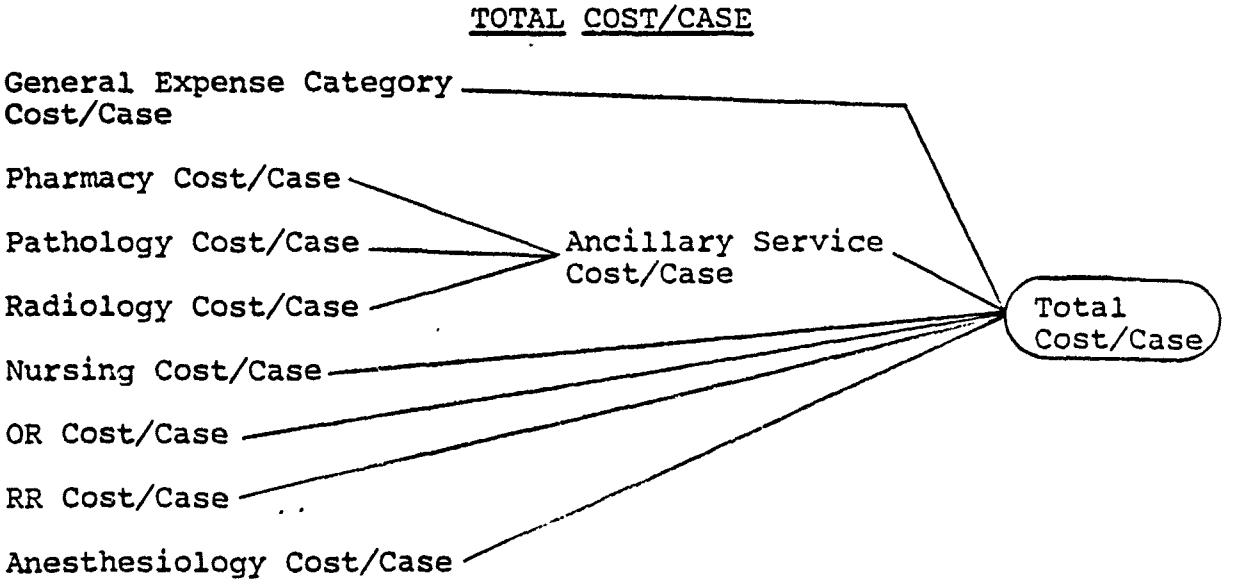

FIGURE 9

In the Ancillary Services, workload is measured and recorded by the ASDCS in weighted units. The reason for "weighted" values is that some tasks are more resource intensive than others. The more resource intensive, the higher the weighted value assigned to that task. Total weighted units produced by each of the Ancillary Services was divided into the total expense for that service to yield an average cost per weighted unit. The annual average for each of the Ancillary Services is provided in the matrix below.

ANNUAL VALUES FOR ANCILLARY SERVICE COSTS PER WEIGHTED UNIT

SERVICE	EXPENSE ($)	WORKLOAD (WTD UNITS)	AVERAGE COST ($/WTD UNIT)
PHARMACY	2,213,679	341,050	6.49
PATHOLOGY	1,952,821	1,744,764	1.12
RADIOLOGY	1,598,037	116,382	13.73

FIGURE 10

More detailed information is at Appendix S. By reviewing inpatient medical records and surveying them, it is possible to determine the exact amount of support (workload) provided by each of the respective ancillary services. This is done by counting each type of service provided to determine its frequency and by multiplying that frequency by the appropriate weighted value for that type of service. By multiplying the case's total weighted unit workload by the average cost per weighted unit, the expense of that case can be determined. In each record, for example, the number of unit doses and sterile products provided by the Pharmacy can be determined. Multiplying the quantity of unit doses or sterile products by their weighted values and then multiplying the total weighted units by the average cc t per

weighted unit yields the Pharmacy's expense of supporting each case. A sample worksheet which was used in surveying each medical record to count frequencies of pharmacy weighted units is at Annex 1 to Appendix S. A similar methodology was employed to determine the pathology and radiology costs of support provided to each case. Sample worksheets are at Annexes S-2 and S-3 respecively. The tabulated ancillary service costs for the cases in the study are shown at Annexes S-4, S-5, and S-6.

One concern in surveying medical records to determine the total number and type of services performed is that there is no way to account for repeat tests. For example, if a laboratory test result is questionable, it is repeated for verification. In the medical record, however, there is only a record of one test. The laboratory does count the workload, but it is not "charged" to the case; it is charged to the service supporting the case (Medical, Surgical, and the like).

The costs for nursing support to inpatients of KACH in CY 84 were extracted from Quarterly UCA reports and are shown at Appendix T. Nursing care hours supporting each case were determined by use of an acuity of care model. The acuity of care model is used by nursing managers to determine the number of direct care hours required by each inpatient each day. More seriously ill patients require a greater number of direct care hours. There are 6 categories and the number of nursing care hours for each is as follows:

9

HOURS PER DAY OF DIRECT NURSING CARE PER ACUITY CATEGORY

Category I - 2 Hours	Category IV - 18 Hours
Category II - 5 Hours	Category V - 27 Hours
Category III - 11 Hours	Category VI - 45 Hours

FIGURE 11

A sample worksheet used for tallying a patient's category each day is shown at Annex 1 to Appendix T. Points are earned for treatment and frequencies of treatment rendered to each patient. At certain thresholds the point values raise a patient's category to a higher acuity level or patient category. The total direct care hours rendered to each patient, in accordance with the acuity model, is at Annex 2 to Appendix T. In addition to the number of hours an estimated cost for those hours is also shown. The cost for an hour of nursing care was approximated from the average cost per man hour at KACH. An average manhour cost was used because of the wide variance found in the pay grades of the Nursing staff. KACH's average full time equivalent (FTE) employee manyear is $24,500. There are about 2088 hours in an FTE. Dividing cost by hours ($24,500/2088) yields about $11.73 per hour. The nursing care cost for each case in the study was obtained by multiplying the number of direct nursing care hours per case by $11.73.

Operating Room (OR), Recovery Room (RR), and Anesthesiology hours are determined from the OR and RR log sheets. Anesthesiology hours were assumed to be approximately equal to the OR hours. The fraction of hours used for a given case divided by the total of all available hours when multiplied by the total expense figure for each service yields the cost per

case. All three of these services are shown at Appendix U.

Adding the "larger contributor" specific component costs to the base line or general costs shown at Appendix R provides a more defensible figure for the cost of each case in the study. The formula for the cost of a Diagnosis proposed in the introduction can now be used:

a(DxA) = aa'U1 + aa''U2 + aa'U3 + ...aa'Un

Where a = the # of cases of DxA treated
DxA = the average cost of treating Diagnosis A
a' = the proportion of the indicated UCA Codes supporting DxA.
U1 = UCA Code for Department 1
U2 = UCA Code for Department 2
U3 = UCA Code for Department 3
Un = UCA Code for Department n
Where n is the aggregation of all other supporting departments.

These refined DRG costs are at Appendix V. At Annex 1 to Appendix V is the comparison of the revised KACH expenses, by case, to the DRG reimbursement values.

Average costs per DRG are calculated at Appendix W. Inserting these average DRG costs for MDC #7, the formula for the cost of MDC #7 that was proposed in the introduction can now be employed.

Resources for MDC #7 = a(DxA) + b(DxB)+c(DxC) + ...n(DxN) + OAC

Where a = the # of cases of DxA treated
DxA = the average cost of treating Diagnosis A
b = the # of cases of DxB treated
DxB = the average cost of treating Diagnosis B
c = the # of cases of DxC treated
DxC = the average cost of treating Diagnosis C
n = the # of cases of DxN treated
DxN = the average cost of treating Diagnosis N
(The last of the diagnoses included in the 18 DRGs under MDC #7.)

OAC = Other acceptable costs (i.e. PT, Unit Training, Committee Meetings, and Admin/Log Functions). The OAC will be expressed as a percentage of productive Dx costs (i.e. .25(a(DxA) + b(DxB)+c(DxC) + ...n(DxN))

Three major gaps exist in the information provided by this study. First, not all 18 DRGs were treated at KACH in 1984, and, therefore, specific DRGs in the formula have a zero value for cost. Until these cases are done and costs are determined, this study has failed to provide completed data regarding the expected costs of MDC #7. Second, if the study were continued and the data base expanded, the average cost per DRG would be expected to be more representative of the true expected costs for treating DRGs and have a smaller standard deviation. A 95% confidence interval (2 standard deviations) for average DRG costs (See Apendix W) in this study cannot be considered useful because of the broad distribution. Finally, the OAC requires further research to be justly established. In this study, the OAC or "profit" earned from DRGs treated was $36,128.46 less than the set DRG rates in the local area (282,794.38). Expressed as a percentage figure these savings represent 12.77% (36,128.46/282,794.38 x 100). Recall that provider (Dr) fees are not included in the DRG rate but are in the KACH rate. The 12.77% is a conservative estimate. Though KACH provider expenses were not itemized in the study, Anesthesiology expenses were. Subtracting Anesthesiology expenses of $17,045.89 leaves a KACH total expense of $229,620.03. A "profit" of $53,174.35 or 18.80% (53174.35 / 282,794.38) can be claimed when compared with DRG

rates of reimbursement. The concept of using an OAC variable could/should help manage nonproductive levels of activity by providing some objective goal or "target" to work toward not exceeding. Based upon this study the OAC sould · t be greater than 18.80% of the "productive" workload.

FOOTNOTES

[1] "Uniform Chart of Accounts Revisited", A Touch of Class, 12 No. 1 (August 1985): pp. 1, 2, and 5.

[2] DOD 6010.10-M, Department of Defense Uniform Chart of Accounts for Fixed Military Medical and Dental Treatment Facilities, (Office of the Assistant Secretary of Defense (Health Affairs, 25 July 1979)), Chapters 3 and 5.

[3] Organization and Functions, MEDDAC Regulation No. 10-1, (1 June 1983): p. 4-33.

[4] DOD Directive 6010.10-M, Department of Defense Uniform Chart of Accounts for Fixed Military Medical and Dental Treatment Facilities, (Office of the Assistant Secretary of Defense (Health Affairs), 25 July 1979): p. 1-5 through 1-19.

[5] Automated Source Data Collection System, Desk Guide, Uniform Chart of Accounts, (Office of the Assistant Secretary of Defense (Health Affairs), April 1983): pp. 6-21.

[6] "Briefing Material for UCAPERS Schedule Recipients", Uniform Chart of Accounts Personnel Utilization System, (1 September 1984): p. 1-1.

[7] DOD Directive 6010.11-M Uniform Staffing Methodology for Fixed Medical Treatment Facilities and Dental Treatment Facilities, (Office of the Assistant Secretary of Defense (Health Affairs), January 1982): Chapters 1-3.

[8] Richard F. Averill, "The Design and Development of the Diagnosis Related Groups (DRG's)", The Revised ICD-9-CM Diagnosis Related Group (DRG's), (Hospital Corporation of America, 1983), pp. 9-16.

[9] S. M. Sherrod, T. M. Rauch, and P. A. Twist; "Nursing Care Hour Standards Study," Academy of Health Sciences, Fort Sam Houston, Texas, File Number AD-A109-883 (September 1981): pp. 1-6.

III. CONCLUSIONS AND RECOMMENDATIONS

The most striking observation in this study was that in cases where the KACH lengths of stay were close to the expected or average length of stay established for DRGs the cost efficiency for each case treated was optimized. KACH's costs were as little as 15% of the DRG reimbursement rate. It follows that if KACH were to perform Utilization Review based upon DRG ALOS and attempted to discharge patients within the DRG ALOS, health care costs could be reduced. Also observed was the phenomenon that KACH was generally less expensive than the established national average DRG rates of reimbursement. This amount was 12.77% in terms of tangible dollar savings plus intangible savings which are more difficult to measure. This is an ample argument for continuing military health care at the current or even expanded levels.

A second major observation is that the MCCU system encourages inefficiency. A hospital is rewarded for what it does. It is not rewarded for minimizing or economizing required services at the lowest possible level which affords quality health care. Use of the term quality implies a level of care which is adequate but limited to only what is necessary. A DRG based budgeting system would encourage efficiency, especially if hospitals could use the "profits" earned by economizing health care costs in accordance with their own priorities. Since the term profit is alien to military MTFs, it is used here to represent the difference or profit margin between what is budgeted to treat a DRG and what it actually costs. It is

obvious that a positive difference would be the objective. A hospital's priorities for these profits might include but are not limited to: the OAC functions mentioned in the model or new medical or automation equipment.

The difficulty in identification of DRGs treated would be eliminated if military treatment facilities were to adopt ICDA-9-CM (a departure from ICDA-9) as their catalog for coding of diagnoses treated. It would be recommended that this be done, except that during this study the Researcher learned that the DOD is planning to make the transition to ICDA-9-CM in January 1986. This study supports that decision.

Finally, the fact that all accounting (under the UCA) of cost and performance data are now being done by departments and not by cases, makes the task of determining case costs and the case mix of care provided by military hospitals very difficult. If another cell was added to the menus of Pharmacy, Pathology, Radiology, and UCAPERS systems for the inclusion of an inpatient register number, the cost of each case/procedure/hour of support could be effectively captured and reported by the existing automated equipment. Such a reporting system - the costs of cases treated - would afford the ability to better monitor productivity and cost. Assuming that hospital leadership will require aggressive management, this better information should result in improved efficiency of military medical treatment facilities due to better management of those facilities. It is strongly recommended that such a cell be added to the menus provided by the software of the current automated UCA equipment

upon which work performance is reported. Including the case numbers on work or performance reports would afford the ability to obtain case specific cost/performance information from manipulations of the automated data base in the future. In both military and civilian health care arenas, the ability to accurately monitor and manage the cost of cases to be treated appears to be a situation upon which the accomplishment of the mission will depend. Perhaps economical survival itself will hinge upon how well managers control the costs of cases to be treated.

Appendix A

DEFINITIONS

AA - UCA Prefix for Inpatients belonging to the Medical Service.

ALOS - Average Length of Stay (for a given DRG or diagnosis).

AMEDD - The Army Medical Department

Ancillary Services - Term used by the UCA for Pharmacy, Pathology, and Radiology Services.

ASDCS - Automated Source Data Collection System (A component of the Uniform Chart of Accounts)

ASDM - Automated Source Data Management subsystem of the Uniform Chart of Accounts. This system correlates workload and expense data input by the local medical treatment facility.

BA - UCA Prefix for Inpatients belonging to the Surgical Service.

CA - UCA Prefix for Inpatients belonging to the Gynecology Service.

CAP - College of American Pathologists (Professional organization of pathologists from which the weighted values for lab procedures are generated).

CPHA - Commission on Professional and Hospital Activities, a professional organization providing the inpatient classification system currently in use throughout the United States.

DOD - The Department of Defense

DRG's - Diagnosis Related Groups (There are 467 DRG's into which all inpatient diagnoses are grouped.)

EASPP - Expense Assignment System Preprocessor (a component system of the UCA used for expense assignment and reporting).

EOE - Elements of Expense (Travel, Supplies, Equipment, Manpower, and so forth).

FA - UCA Prefix for Inpatients belonging to the Psychology Service.

GNP - Gross National Product

HCSCIA - The Health Care Studies Clinical Investigation Activity of Health Services Command.

HSC - Health Services Command of the U S Army

ICDA-9 - International Categorization of Diseases Adapted for Use in American Hospitals, 9th Edition; the catalogue for classification of disease, injury, and illness currently in use in military hospitals.

ICDA-9-CM - A revision of ICDA-9 which includes Clinical Methodology (more ambulatory care type cases) which civilian hospitals throughout the US have adopted and which military hospitals will adopt in January 1986.

IPDS - Inpatient Data System (Data Base in use at PASBA)

KACH - Kenner Army Community Hospital, Fort Lee, Virginia

LOS - Length of Stay (for a particular admission).

MCCU - Medical Care Composite Unit, a ficticious unit of measure of hospital productivity. 10 MCCU's are "earned" for each admission, 1 for each occupied bed day, and .3 for each outpatient clinic visit.

MDC - Major Disease Category (There are 23 MDC's which roughly correlate to the major systems (circulatory, respiratory, and so on). All DRG's are assigned to one of these MDC's.)

OAC - The variable name for Other Acceptable Costs which was generated in the model provided for this study. It includes but is not limited to TDY, Committee Meetings, Physical Training, Military Training, and Field Training.

OBD - Occupied Bed Day

OR - Operating Room

PASBA - Patient Administration System and Biostatistics Activity of Health Services Command

RR - Recovery Room

SAS - Stepdown Assignment Statistic, a technique for assigning indirect costs of a medical treatment facility to the departments and activities which provide direct care. This technique zero's the cost centers which are not involved in direct patient care.

UCA - Uniform Chart of Accounts (A military health facility accounting system for performance and expense data)

UCAPERS - The Uniform Chart of Accounts Personnel Utilization System automated component which combines UCA and USM data to provide meaningful manpower expense and performance information.

USM - Uniform Staffing Methodology or a technique of establishing manpower requirements to accomplish required tasks.

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1	ASD	ABCA	000	000	SURGICAL INTENSIVE CARE UNIT	
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1	ASD	BADA	000	000	ALLERGY CL LEE	
1	ASD	BALA	000	000	NUTRITION CL	
1	ASD	BAPA	000	000	DERMATOLOGY CL	
1	ASD	BAXA	017	000	MEDICAL ADMIN OUTPT VTS	UCA
1	ASD	BAXE	018	000	MED CL INPT/OUTPT VTS	UCA
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1	ASD	BEDA	000	000	OPHTHALMOLOGY CL	
1	ASD	BBEA	000	000	OTORHINOLARYNGOLOGY CL	
1	ASD	BBIA	000	000	UROLOGY CL	
1	ASD	BBXA	021	000	SURGICAL ADMIN OUTPT VTS	
1	ASD	BBXE	022	000	SURGICL IN/OUTPT VTS	UCA
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1	ASD	BCBA	000	000	GYNECOLOGY CL	
1	ASD	BCXA	025	000	GYN CL IN/OUTPT VTS	UCA
1	ASD	BCXB	028	000	OBSTETRICS CL IN/OUTPT VTS	UCA
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1	ASD	BDCA	000	000	WELL BABY CL	
1	ASD	BDXA	026	000	CONSOLIDATED PEDIATRICS OUTPT VTS	
1	ASD	BEAA	000	000	ORTHOPEDICS CL	
1	ASD	BEBA	000	000	CAST CL	
1	ASD	BEDA	000	000	NEURO SKELETAL SCREEN CL	
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1	ASD	BHAA	000	000	GEN OUTPT CL LEE	
1	ASD	BHAB	000	000	PRIMARY CARE TMC	
1	ASD	BHAQ	000	000	GEN OUTPT CL DESC	UCA
1	ASD	BHAR	000	000	GEN OUTPT CL PICKETT	
1	ASD	BHAS	000	000	GEN OUTPT CL FSTC	
1	ASD	BHAT	000	000	GEN OUTPT CL JAG	
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1	ASD	BHXQ	030	000	ARMY HEALTH CL DGSC	UCA
1	ASD	BHXR	031	000	ARMY HEALTH CL PICKETT	
1	ASD	BIXA	057	000	C DEPT EMERG MED ADMIN	UCA
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1	ASD	BJXA	033	000	FLIGHT MED/OCCUP HEALTH CP	UCA
1	ASD	BJYA	000	000	FLIGHT MEDICINE	
1	ASD	BKXA	601	000	ENT CL	USM
1	ASD	BKXE	602	000	PHYS THER/NEURO SK SC CL	USM
1	ASD	BKXC	603	000	CAST & APPLIANCE CLINIC	
1	ASD	BKXG	604	000	OCC HEALTH CL DGSC	USM
1	ASD	BKXR	605	000	ARMY HEALTH CL PICKETT	USM
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1	ASD	CAYB	000	000	DENTAL DET	USM
1	ASD	CAYC	000	000	DENTAL SVC DC1	
1	ASD	CAYD	000	000	DENTAL SVC DC2	
1	ASD	CBYC	000	000	DENTAL LAB	
1	ASD	DAYA	041	043	PHARMACY LEE	
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1	ASD	DCAA	047	054	DIAG RADIOLOGY LEE	
1	ASD	DCAQ	048	055	DIAG RADIOLOGY DGSC	UCA
1	ASD	DCAR	049	056	DIAG RADIOLOGY PICKETT	
1	ASD	DDAA	035	063	EKG LEE	
1	ASD	DDAE	036	064	EKG OCC HEALTH	
1	ASD	DDAC	037	065	EKG PES	
1	ASD	DDAD	038	066	EKG ER	
1	ASD	DDAQ	039	067	EKG DGSC	
1	ASD	DDAR	040	068	EKG PICKETT	
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1	ASD	EBYH	700	028	TRNG AND OTHER ADMIN	UCA
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1	ASD	ECAA	069	004	FIRE PROTECTION BASOPS LEE	
1	ASD	ECAG	070	005	FIRE PROTECTION BASOPS DGSC	UCA
1	ASD	ECAR	071	006	FIRE PROTECTION BASOPS PICKETT	
1	ASD	ECBA	069	007	POLICE PROTECTION LEE BASOPS	
1	ASD	ECBG	070	008	POLICE PROTECTION DGSC BASOPS	UCA
1	ASD	ECBR	071	009	POLICE PROTECTION PICKETT BAS	
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1	ASD	EDBG	070	011	OPN UTILITIES DGSA	
1	ASD	EDBR	071	012	OPN UTILITIES PICKETT	
1	ASD	EDCA	069	017	UCA MAIN RL PRC/USM WK ORD CLK	
1	ASD	EDCG	070	018	UCA MAIN RL PRC DGSC	UCA
1	ASD	EDDA	072	019	MINOR CONSTRUCTION LEE	
1	ASD	EDDB	073	020	MINOR CONSTRUCTION DENTAC	UCA
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1	ASD	EDEB	069	014	OTHER ENG SPT DENTAC	UCA
1	ASD	EDEG	070	015	OTHER ENG SPT DGSC	UCA
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1	ASD	EDFA	700	021	LEASES AND RENTALS	
1	ASD	EDGA	061	022	TRANSPORTATION LEE	
1	ASD	EEYA	062	033	UCA LOGISTICS/USM C LOG	
1	ASD	EEYB	699	200	MATERIAL BRANCH	USM
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1	ASD	EEYH	699	205	SERVICE BRANCH	USM
1	ASD	EEYJ	699	206	KEY PUNCH	USM
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1	ASD	EFYQ	068	024	CUSTODIAL SVC CONTRACT DGSC	UCA
1	ASD	EGYA	074	040	BIOMED EQ MAINT HRS LEE	
1	ASD	EGYB	075	039	BIOMED EQ MAINT DOLLARS LEE	
1	ASD	EGYC	074	038	BIOMED EQ BASEOPS DOLLARS	UCA
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1	ASD	EHYB	076	041	LINEN SVCS BASOPS LEE	UCA
1	ASD	EIAA	077	043	DIETETICS	
1	ASD	EIBA	077	044	SUBSISTENCE	
1	ASD	EJXA	060	045	C PAD ADMIN IN/OUTPT PERCEN	UCA
1	ASD	EJYA	001	046	UCA INPT AFFAIRS/USM C PAD	
1	ASD	EJYE	699	207	A&D	USM
1	ASD	EJYD	699	209	MD RECORDS	USM
1	ASD	EJYE	699	210	MED TRANSCRIPT	USM
1	ASD	EJYF	699	211	CONTACT REP	USM
1	ASD	EJYG	699	212	INFO DESK	USM
1	ASD	EKYA	078	047	AMBUL CARE ADMIN LEE	
1	ASD	FAEA	000	000	UCA ADAPCP/USM MAIN CL	
1	ASD	FAJA	000	000	DIR TNG ADMIN INCL INSTR TIME	
1	ASD	FAJD	000	000	STAFFED MED LIBRARY	
1	ASD	FAKA	000	000	STUDENT SALARY	
1	ASD	FALA	000	000	EXTERNAL SPONSORED EDUCATION	
1	ASD	FAZA	000	000	MEDICAL EQ FOR HOME USE	UCA
1	ASD	FAZP	000	000	MINI LABS 302 NOT UCA	UCA
1	ASD	FAZQ	000	000	MED HOLD BEDS ON 302 NOT UCA	UCA
1	ASD	FAZR	000	000	FAA ON 302 NOT PART MTF	UCA
1	ASD	FAZS	000	000	FAD ON 302 NOT PART MTF	UCA
1	ASD	FAZT	000	000	DI CT 302 AS DP INCORRECTLY	UCA
1	ASD	FAZU	000	000	TRIAGE VTS FOR UCA NOT 302	UCA
1	ASD	FAZV	000	000	AUDIOLOGY VTS FOR UCA NOT 302	UCA
1	ASD	FAZW	000	000	OTHER CL VTS FOR UCA NOT 302	UCA
1	ASD	FAZX	000	000	ALC REST TREATMENT FAC	UCA
1	ASD	FBAA	000	000	PUBLIC ENV OCC HEALTH LEE	
1	ASD	FBAC	000	000	PUBLIC ENV OCC HEALTH DGSC	
1	ASD	FBAR	000	000	OCC HLTH PICKETT	
1	ASD	FBAS	000	000	PUBLIC ENV OCC HEALTH FSTC	
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1	ASD	FB3R	000	000	IMMUNIZATIONS PICKETT	
1	ASD	FB3S	000	000	IMMUNIZATIONS FSTC	
1	ASD	FB3T	000	000	IMMUNIZATIONS JAG	
1	ASD	FBCA	000	000	COR MENTAL HEALTH AGCY	
1	ASD	FBDA	000	000	UCA VET SVCS/USM DEPUTY/ADMIN	
1	ASD	FBDB	000	000	FOOD INSP LEE/DGSC	USM
1	ASD	FBDC	000	000	ANIMAL MEDICINE	USM
1	ASD	FBDD	000	000	VET SVCS DGSC	UCA

PREPARED 85 MAY 28 11:04 UCA - AUTOMATED SOURCE DATA MAINTENANCE AS OF 85 MAY 29 PCN DI016-NAD-6D01
DOD REGION 05 ACCOUNTS SUBSET DEFINITION TABLE LISTING UIC W2LMAA
MEDDAC FT LEE

MTF CODE	TABLE ID	UCA CODE	SAS ID	ASSIGN SEQ CODE	DESCRIPTION	DEL FLAG
1	ASD	FBDE	000	000	VET SVCS PICKETT	UCA
1	ASD	FCAA	000	000	INPT SUPPLEMENTAL	
1	ASD	FCBA	000	000	GUEST LECTURERS	
1	ASD	FCCA	000	000	CHAMPUS BENE SPT	
1	ASD	FCDA	000	000	SPT TO OTHER MIL ACTV	
1	ASD	FCEA	000	000	SPT TO OTHER FED ACTV	
1	ASD	FDAA	000	000	UCA CONTGY/EMER OP/USM FD HOSP	
1	ASD	FDAH	000	000	P&I	USM
1	ASD	FDCA	000	000	NONPT FD OPNS	
1	ASD	FDGA	000	000	TDY/TAD ENROUTE TO PCS	
1	ASD	FDHA	000	000	CIV PERM CHANGE OF STATION	
1	ASD	FDZA	000	000	HUMANITARIANS ACTIONS	UCA
1	ASD	FEAA	000	000	PT TRANSPORTATION	
1	ASD	FEBA	000	000	TRVL/MATERIAL FOR PT MVMT	

END PAGE 5

APPENDIX C

MISSION ASSIGNMENT LIST
(HSC Reg 40-6)

MEDCEN/MEDDAC: Fort Lee MEDDAC

EFFECTIVE DATE: 30 Sep 84

PERSONNEL CODE	HOSPITAL SERVICES	MISSION: AUTHORIZED – TDA Personnel	AUTHORIZED – Contract	AUTHORIZED – Part Time Contract	MODIFIED – May be Accomplished by Other Qualified Staff	NA – Not Authorized	REMARKS
	MEDICINE						
P	PULMONARY DISEASE				X		
P	GASTROENTEROLOGY				X		
P	CARDIOLOGY				X		
O	CARDIAC CATH LAB					X	
P	DERMATOLOGY	X					
P	ALLERGY				X		
O	ALLERGY EXTRACT PREP					X	
P	IMMUNOLOGY				X		
P	HEMATOLOGY				X		
P	NEPHROLOGY				X		
O	HEMODIALYSIS					X	
P	ONCOLOGY				X		
P	ENDOCRINOLOGY				X		
P	RHEUMATOLOGY				X		
P	INFECTIOUS DISEASE				X		
P	INTERNAL MEDICINE	X					
	PEDIATRICS						
P	PEDIATRICS, GENERAL	X					
P	NEONATAL INTENSIVE CARE					X	
P	PEDIATRIC ENDOCRINOLOGY				X		
P	ADOLESCENT PEDIATRICS					X	
P	DEVELOPMENTAL PEDIATRICS					X	
P	PEDIATRIC CARDIOLOGY				X		
P	PEDIATRIC SURGERY					X	
P	PEDIATRIC NEUROLOGY					X	
	SURGERY						
P	UROLOGY				X		
P	ANESTHESIOLOGY				X		
P	OPHTHALMOLOGY	X					
P	LASER					X	
P	OCULAR PROSTHESIS					X	
P	BLIND REHABILITATION					X	
P	OTORHINOLARYNGOLOGY	X					
	AURAL REHABILITATION					X	
	FITTING OF HEARING AIDS					X	
P	SPEECH PATHOLOGY					X	
P	SPEECH THERAPY					X	

HSC Form 276-R (DCSOPS) 1 Jun 84

PERSONNEL CODE	HOSPITAL SERVICES	MISSION					REMARKS
		AUTHORIZED			MODIFIED	NA	
		TDA Personnel	Contract	Part Time Contract	May be Accomplished by Other Qualified Staff	Not Authorized	
	SURGERY (Cont)						
P	NEUROSURGERY					X	
P	GENERAL SURGERY	X					
P	THORACIC SURGERY					X	
P	CARDIOVAS (OPEN HEART)					X	
P	CARDIOVAS (NOT OPEN HEART)					X	
P	PLASTIC SURGERY					X	
P	ORTHOPEDIC SURGERY	X					
P	INTERVERTEBRAL DISC					X	
P	TOTAL JOINT PROSTHESIS					X	
P	HAND SURGERY				X		
O	ORTHOPEDIC PROSTHETICS				X		
P	PERIPHERAL VASCULAR SURGERY				X		
P	ORGAN TRANSPLANT					X	
P	MAXILLOFACIAL	X					
P	HEAD AND NECK					X	
O	OPTOMETRY					X	
O	PODIATRY					X	
O	AUDIOLOGY					X	
	OBSTETRICS–GYNECOLOGY						
P	OBSTETRICS					X	
P	PERINATOLOGY					X	
P	GYNECOLOGY	X					
P	THERAPEUTIC ABORTION BOARD					X	
N	NURSE MIDWIFERY					X	
	PSYCHIATRY & NEUROLOGY						
P	PSYCHIATRY	X					
P	ADULT	X					
P	ADOLESCENT	X					
P	ALCOHOL/DRUG DETOXIFICATION	X					
P	NEUROLOGY				X		
O	ELECTROENCEPHALOGRAPHY					X	
O	ELECTRONEUROMYOGRAPHY					X	
O	ADULT				X		
O	CHILD				X		
O	CLINICAL PSYCHOLOGY	X					
O	SOCIAL WORK	X					

PERSONNEL	HOSPITAL SERVICES	MISSION: AUTHORIZED – TDA Personnel	AUTHORIZED – Contract	AUTHORIZED – Part Time Contract	MODIFIED – May be Accomplished by Other Qualified Staff	NA – Not Authorized	REMARKS
	RADIOLOGY						
P	NUCLEAR MEDICINE					X	
P	RADIATION THERAPY					X	
P	DIAGNOSTIC RADIOLOGY	X					
O	HEALTH PHYSICS					X	
	PATHOLOGY						
P	ANATOMICAL PATHOLOGY				X		
P	CLINICAL PATHOLOGY				X		
O	BLOOD DONOR CENTER				X		
O	BLOOD TRANSFUSION CENTER					X	
O	VETERINARY LAB				X		
	PHYSICAL MEDICINE SERVICE						
P	PHYSIATRY					X	
O	OCCUPATIONAL THERAPY	X					
O	PHYSICAL THERAPY	X					
O	MUSCULOSKELETAL EVALUATION	X					
	DENTAL ACTIVITY						
D	PREVENTIVE DENTISTRY					X	
D	ENDODONTICS				X		
D	RESTORATIVE DENTISTRY	X					pay as you go
D	ORAL AND MAXILLOFACIAL SURGERY	X					
D	PEDODONTICS	X					
D	ORTHODONTICS					X	
D	PERIODONTICS	X					
D	REMOVABLE PROSTHODONTICS	X					pay as you go
D	FIXED PROSTHODONTICS					X	Pay as you go
D	ORAL PATHOLOGY					X	pay as you go
D	ORAL MEDICINE					X	

PERSONNEL CODE	HOSPITAL SERVICES	MISSION					REMARKS
		AUTHORIZED			MODIFIED	NA	
		TDA Personnel	Contract	Part Time Contract	May be Accomplished by Other Qualified Staff	Not Authorized	
	OTHER SERVICES						
P	PREVENTIVE MEDICINE	X					
P	OCCUPATIONAL MEDICINE	X					
O	RESIDENTIAL TREATMENT FACILITY					X	
O	CLINICAL INVESTIGATION SERVICE					X	
N	FAMILY PRACTICE					X	
O	AVIATION MEDICINE				X		
O	PHYSICAL FITNESS CENTER					X	
O	INDUSTRIAL HYGIENE	X					

TRAINING PROGRAMS	MISSION		REMARKS
	AUTHORIZED	NOT AUTHORIZED	
Medical Corps Internship		X	
Medical Corps Residency/Fellowship		X	
Dental Corps Residency		X	
Psychiatry & Mental Health Nurse (6F-66C)		X	
Nurse Practitioner/Pediatrics (6F-66D)		X	
Operating Room Nurse (6F-66E)		X	
Nuclear Pharmacy Orientation (6H-F19)		X	
Anesthesiology for ANC Officers (6F-66F), Phase II		X	
Hematology/oncology Pharmacy Service (6H-F21)		X	
Nurse Practitioner - Adult Med - Surg (6F - 66H)		X	
Nurse Practitioner/ Obstetrics and Gynecology (6F-F4)		X	
Dietetic Internship		X	
USA/Baylor U Program in PT (6H-65B) Clinical Experience		X	
Hospital Pharmacy Residency		X	
Clinical Psychology Internship		X	
Social Work Advanced Program on Family Studies		X	
Blood Bank Fellowship		X	
Clinical Pastoral Education		X	
USA/Baylor U Program in Health Care Administration (6H-67A) Phase II	X		
Practical Nurse Course (91C30)		X	
Ear, Nose, and Throat (ENT) Specialist (3000-91U10), Phase II		X	
Respiratory Specialist (300-91V10)		X	
Eye Specialist (300-91Y10), Phase II		X	
Special Forces Aidman (Airborne) (300-F1), Phase II		X	
Dialysis Technician (300-F2)		X	
Automated Military Outpatient System (AMOSIST) Training (300-F3), Phase II		X	
Allergy -Clinical Immunology Specialist (300-F4)		X	
Operating Room Specialist (301-91D10), Phase II	X		
Psychiatric Specialist (302-91F10), Phase II		X	
Physical Therapy Specialist (303-91J10), Phase II		X	
Occupational Therapy Specialist (303-91L10), Phase II		X	
Cardiac Specialist (303-91N10), Phase II		X	
Orthotic Specialist (304-42C10), Phase II		X	
Orthopedic Specialist (304-91H10)		X	
Medical Technology (6H-68F)		X	
Cytology Specialist (311-91E20)		X	
X-Ray Specialist (313-91P10), Phase II	X		
Dental Therapy Assistant (330-91E30)		X	
Nuclear Medicine Specialist (HM 8416) (91W10)		X	
Emergency Medical Technician (EMT)	X		
Physician Assistant (6H0011A), Phase II		X	
Cardiovascular Technician (Phase II) 300-Y6		X	
Urology Procedures (300-F12)		X	
Health Physics Specialist (Phase II) 311-91X20		X	
Dermatology Technician (D2)		X	
EEG Technician (T6)		X	
EKG Technician (Y6)		X	

HSOP-FF (23 Oct 84) 3d Ind
SUBJECT: Mission Assignment List

HQ, US Army Health Services Command, Fort Sam Houston, Texas 78234-6000 28 NOV 1984

TO: Commander, US Army MEDDAC, ATTN: HSXO-C, Fort Lee, Virginia 23801-5260

1. Your Mission Assignment List has been reviewed and the following changes were made:

a. Physiatry - Not authorized

b. Residential Treatment Facility - Not authorized

c. Clinical Investigation Service - Not authorized

d. Medical Corps Residency/Fellowship - Not authorized

2. The approved Mission Assignment List is attached at Inclosure 1. If a change in status of mission function is desired, documentation will be in accordance with HSC Regulation 10-1, paragraph 1-3.

FOR THE COMMANDER:

1 Incl
nc

for Barbara A. Gordon, CPT
R. O. GRAY
Colonel, AG
Adjutant General

PREPARED 85 MAY 29 11:01
DOD REGION 08

UCA - AUTOMATED SOURCE DATA MAINTENANCE
PHARMACY PROCEDURE WEIGHTS TABLE LISTING
MEDDAC FT LEE

AS OF 85 MAY 29

PCN DI016-NAD-6J01
UIC W2LMAA

MTF CODE	TABLE ID	PROCEDURE CODE	PROCEDURE NAME	WEIGHT	DEL FLAG
1	830	300001	NEW PRESCRIPTION	01.00	
1	830	300003	REFILLS	01.00	
1	830	300006	CLINIC ISSUES	00.60	
1	830	300009	BULK ISSUES	02.00	
1	830	300010	UNIT DOSE	00.15	
1	830	300011	STERILE PRODUCT	02.00	

END PAGE 1

Payroll

PREPARED 85 MAY 29 11:09 — UCA - AUTOMATED SOURCE DATA MAINTENANCE — AS OF 85 MAY 29 — PCN DI016-NAD-6H01

DOD REGION 08 — PATHOLOGY EXPLOSION TABLE LISTING — UIC W2LMAA

MEDDAC FT LEE

MTF CODE	TABLE ID	REFERENCE PROCEDURE	INDIVIDUAL PROCEDURE	PROCEDURE NAME	WEIGHT	B30-PATH BAR CODE	DEL FLAG
1	EXP	99901.00	C0000.00	ASTRA 5 PANEL	000.0	301370	
1	EXP	99901.02	82830.96	CARBON DIOXIDE CNTNT/ASTRA 5	000.1	301086	
1	EXP	99901.03	82435.96	CHLORIDE BLD UR OR CSF/ASTRA 5	000.1	301101	
1	EXP	99901.05	84330.96	GLUCOSE BLDG UR OR CSF/ASTRA 5	000.1	301170	
1	EXP	99901.06	84140.96	POTASSIUM, BLD OR UR/ASTRA 5	000.1	301271	
1	EXP	99901.08	84295.96	SODIUM, BLD OR UR/ASTRA 5	000.1	301309	
1	EXP	99902.00	C0C00.00	CBC W/DIFF PROFILE	000.0	302088	
1	EXP	99902.01	85018.42	BL CELL PANEL CLTR 5 PLUS IV	004.0	302087	
1	EXP	99902.02	85008.00	BLOOD FILM EXAMINATION	011.0	302016	
1	EXP	99903.00	C0000.00	CHEM PROFILE A/KDA	000.0	301433	
1	EXP	99903.01	84330.68	GLUCOSE QUANT BLD OR UR/KDA	000.1	301390	
1	EXP	99903.02	84520.68	UREA NITROGEN, BLD OR UR/KDA	000.1	301417	
1	EXP	99903.03	84155.68	PROTEIN, TOTAL/KDA	000.1	301407	
1	EXP	99903.04	82040.68	ALBUMIN/KDA	000.1	301371	
1	EXP	99903.05	84455.68	TRNSFASE ASP AMN/AST(SGOT) KDA	000.1	301413	
1	EXP	99903.06	84465.68	TRANSFASE ALN AMN/ALT(SGPT)KDA	000.1	301411	
1	EXP	99903.07	83620.68	LACTATE DEHYRO, BLD/KDA	000.1	301396	
1	EXP	99903.08	84075.68	PHOSPHATASE, ALKALINE KDA	000.1	301403	
1	EXP	99903.09	82466.68	CHOLESTEROL/TOT W/O EXTRCN/KDA	000.1	301446	
1	EXP	99903.10	84550.68	URIC ACID, BLD OR UR/KDA	000.1	301420	
1	EXP	99904.00	C0000.00	HEPATIC PROFILE/KDA	000.0	301434	
1	EXP	99904.01	82250.68	BILIRUBIN, TOTAL KDA	000.1	301377	
1	EXP	99904.02	82249.68	BILIRUBIN, DIRECT KDA	000.1	301375	
1	EXP	99904.03	84455.68	TRNSFASE ASP AMN/AST(SGOT) KDA	000.1	301413	
1	EXP	99904.04	84465.68	TRANSFASE ALN AMN/ALT(SGPT)KDA	000.1	301411	
1	EXP	99904.05	83620.68	LACTATE DEHYRO, BLD/KDA	000.1	301396	
1	EXP	99904.06	84075.68	PHOSPHATASE, ALKALINE KDA	000.1	301403	
1	EXP	99904.07	84155.68	PROTEIN, TOTAL/KDA	000.1	301407	
1	EXP	99904.08	82040.68	ALBUMIN/KDA	000.1	301371	
1	EXP	99904.09	82466.68	CHOLESTEROL/TOT W/O EXTRCN/KDA	000.1	301446	
1	EXP	99905.00	C0000.00	RENAL PROFILE/KDA	000.0	301435	
1	EXP	99905.01	84330.68	GLUCOSE QUANT BLD OR UR/KDA	000.1	301390	
1	EXP	99905.02	84520.68	UREA NITROGEN, BLD OR UR/KDA	000.1	301417	
1	EXP	99905.03	84295.68	SODIUM/KDA	000.1	301415	
1	EXP	99905.04	84140.68	POTASSIUM KDA	000.1	301405	
1	EXP	99905.05	82435.68	CHLORIDE, BLD KDA	000.1	301382	
1	EXP	99905.06	82830.68	CARBON DIOXIDE CONTENT KDA	000.1	301380	
1	EXP	99905.07	84075.68	PHOSPHATASE, ALKALINE KDA	000.1	301403	
1	EXP	99905.08	84100.68	PHOSPHATE, ING BLD OR UR/KDA	000.1	301401	
1	EXP	99905.09	82310.68	CALCIUM, BLD OR UR/KDA	000.1	301379	
1	EXP	99905.10	82565.68	CREATININE, BLD OR URINE/KDA	000.1	301388	
1	EXP	99906.00	C0000.00	PRE-OP PROFILE/KDA	000.0	301436	
1	EXP	99906.01	84330.68	GLUCOSE QUANT BLD OR UR/KDA	000.1	301390	
1	EXP	99906.02	84520.68	UREA NITROGEN, BLD OR UR/KDA	000.1	301417	
1	EXP	99906.03	84295.68	SODIUM/KDA	000.1	301415	
1	EXP	99906.04	84140.68	POTASSIUM KDA	000.1	301405	
1	EXP	99906.05	82630.68	CARBON DIOXIDE CONTENT KDA	000.1	301330	
1	EXP	99906.06	82435.68	CHLORIDE, BLD KDA	000.1	301382	
1	EXP	99907.00	C0000.00	6-KDA	000.0	301437	

PREPARED 85 MAY 29 11:09 — UCA - AUTOMATED SOURCE DATA MAINTENANCE — AS OF 85 MAY 29 — PCN DI016-NAD-6H01
DOD REGION 03 — PATHOLOGY EXPLOSION TABLE LISTING — UIC W2LMAA
MEDDAC FT LEE

MTF CODE	TABLE ID	REFERENCE PROCEDURE	INDIVIDUAL PROCEDURE	PROCEDURE NAME	WEIGHT	B30-PATH BAR CODE	DEL FLAG
1	EXP	99907.01	84330.68	GLUCOSE QUANT BLD OR UR/KDA	000.1	301390	
1	EXP	99907.02	84520.68	UREA NITROGEN, BLD OR UR/KDA	000.1	301417	
1	EXP	99907.03	84295.68	SODIUM/KDA	000.1	301415	
1	EXP	99907.04	84140.68	POTASSIUM-KDA	000.1	301405	
1	EXP	99907.05	82435.68	CHLORIDE, BLD KDA	000.1	301332	
1	EXP	99907.06	82830.68	CARBON DIOXIDE CONTENT KDA	000.1	301380	
1	EXP	99908.00	00000.00	THYROID PROFILE	000.0	301438	
1	EXP	99908.01	83440.00	TRIIODOTHYRONINE T-3 RES UT/SA	008.0	301342	
1	EXP	99908.02	83450.00	THYROXINE (T-4)/SA/LIGAND	007.0	301321	
1	EXP	99908.03	82350.00	FTI (CALCULATION)	003.0	301077	
1	EXP	99908.04	83430.00	THYROID STIM HORMONE/SA/LIGAND	007.0	301320	
1	EXP	99909.00	00000.00	PRE-OP/ACA	000.0	301439	
1	EXP	99909.01	84330.35	GLUCOSE, QUANT/DUPONT ACA	000.5	301168	
1	EXP	99909.02	84520.35	UREA NITROGEN/DUPONT ACA	000.5	301349	
1	EXP	99909.03	82435.35	CHLORIDE, BLD, UR, CSF/DU ACA	000.5	301099	
1	EXP	99909.04	82830.35	CARBON DIOXIDE CNTNT/DU ACA	000.5	301084	
1	EXP	99909.05	84295.35	SODIUM, BLD OR UR/DU ACA	000.5	301419	
1	EXP	99909.06	84140.35	POTASSIUM, BLD OR UR/ACA	000.5	301418	
1	EXP	99910.00	00000.00	PRE-OP ASTRA 5	000.0	301440	
1	EXP	99910.01	84330.96	GLUCOSE BLOD UR OR CSF/ASTRA 5	000.1	301170	
1	EXP	99910.03	84295.96	SODIUM, BLD OR UR/ASTRA 5	000.1	301309	
1	EXP	99910.04	84140.96	POTASSIUM, BLD OR UR/ASTRA 5	000.1	301271	
1	EXP	99910.05	82435.96	CHLORIDE BLD UR OR CSF/ASTRA 5	000.1	301101	
1	EXP	99911.00	00000.00	6-DU ACA	000.0	301441	
1	EXP	99911.01	84330.35	GLUCOSE, QUANT/DUPONT ACA	000.5	301168	
1	EXP	99911.02	84520.35	UREA NITROGEN/DUPONT ACA	000.5	301349	
1	EXP	99911.03	82435.35	CHLORIDE, BLD, UR, CSF/DU ACA	000.5	301099	
1	EXP	99911.04	82830.35	CARBON DIOXIDE CNTNT/DU ACA	000.5	301084	
1	EXP	99911.05	84295.35	SODIUM, BLD OR UR/DU ACA	000.5	301419	
1	EXP	99911.06	84140.35	POTASSIUM, BLD OR UR/ACA	000.5	301418	
1	EXP	99913.00	00000.00	CARDIAC PROFILE/KDA	000.0	301443	
1	EXP	99913.01	84455.63	TRNSFASE ASP AMN, AST(SGOT) KDA	000.1	301413	
1	EXP	99913.02	83620.63	LACTATE DEHYRO, BLD/KDA	000.1	301396	
1	EXP	99913.03	82550.63	CREATINE KINASE (CK) KDA	000.1	301386	
1	EXP	99914.00	00000.00	LIPID PROFILE/KDA	000.0	301444	
1	EXP	99914.01	84330.63	GLUCOSE QUANT BLD OR UR/KDA	000.1	301390	
1	EXP	99914.02	82466.63	CHOLESTEROL, TOT W/O EXTRCN/KDA	000.1	301446	
1	EXP	99914.03	84425.63	TRICLYCERIDES, ENZ/KDA	000.1	301410	

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END PAGE 2

partial

PREPARED 85 MAY 29 11:03 — UCA - AUTOMATED SOURCE DATA MAINTENANCE — AS OF 85 MAY 29 — PCN DI016-NAD-6K01

DOD REGION C8 — RADIOLOGY PROCEDURE WEIGHTS TABLE LISTING — UIC W2LMAA

MEDDAC FT LEE

MTF CODE	TABLE ID	PROCEDURE CODE	PROCEDURE NAME	WEIGHT	CODE II	CODE IIIA	CODE IIIB	DEL FLAG
1	B3C	300010	CHEST, PA	003.0	01	0	0	
1	B3C	300011	CHEST, LAT (ONLY)	003.0	01	0	0	
1	B3C	300012	CHEST, AP	003.0	01	C	0	
1	B3C	300013	CHEST, PA (NIPPLE MARKERS)	003.0	01	C	0	
1	B3C	300014	CHEST, PA FOR CERVICAL RIB	003.0	01	C	0	
1	B3C	300020	CHEST, PA/LAT	006.0	02	C	0	
1	B3C	300025	CHEST, PA, INS/EXP & LAT	012.0	03	0	0	
1	B3C	300030	CHEST, PA/LAT & LT LAT DECUB	009.0	03	C	0	
1	B3C	300031	CHEST, PA/LAT & LT OBLIQUE	009.0	03	C	0	
1	B3C	300040	CHEST, PA/LAT & RT LAT DECUB	009.0	03	C	0	
1	B3C	300041	CHEST, PA/LAT & RT OBLIQUE	009.0	03	C	0	
1	B3C	300050	CHEST, PA/LAT & BILAT DECUB	012.0	04	C	0	
1	B3C	300051	CHEST, PA/LAT & BOTH OBLIQUES	012.0	04	C	0	
1	B3C	300060	CHEST, LORDOTIC (ONLY)	003.0	01	C	0	
1	B3C	300061	CHEST, PA AND LORDOTIC	006.0	02	C	0	
1	B3C	300062	CHEST, PA/LAT & LORDOTIC	009.0	03	C	0	
1	B3C	300063	CHEST, PA/LAT, OBLQS & LORD	015.0	05	0	0	
1	B3C	300070	CHEST, LT LAT DECUB (ONLY)	003.0	01	C	0	
1	B30	300071	CHEST, LT OBLIQUE (ONLY)	003.0	01	C	0	
1	B3C	300080	CHEST, RT LAT DECUB (ONLY)	003.0	01	C	0	
1	B3C	300081	CHEST, RT OBLIQUE (ONLY)	003.0	01	C	0	
1	B3C	300090	CHEST, BILAT DECUB (ONLY)	006.0	02	C	0	
1	B3C	300091	CHEST, BOTH OBLIQUES (ONLY)	006.0	02	0	0	
1	B30	300093	BARIUM SWALLOW, NO FLUORO	007.0	02	0	0	
1	B3C	300094	BARIUM SWALLOW & CHEST PA/LAT	013.0	04	C	0	
1	B3C	300095	CARDIAC SERIES, NO FLUORO	007.0	04	C	0	
1	B30	300096	CARDIAC SERIES & CHEST PA/LAT	013.0	06	C	0	
1	B3C	300099	CHEST, OTHER	003.0	01	C	0	
1	B3C	300100	RIBS, LT ANT	003.0	03	C	0	
1	B3C	300101	RIBS, LT ANT & LAT	006.0	04	C	0	
1	B3C	300102	RIBS, LT ANT & POST (1-9)	006.0	05	C	0	
1	B3C	300103	RIBS, LT ANT, POST (1-9) & LAT	012.0	06	C	0	
1	B30	300104	RIBS, LT ANT & POST (1-12)	009.0	07	C	0	
1	B3C	300105	RIBS, LT (ALL)	012.0	04	C	0	
1	B3C	300110	RIBS, RT ANT	003.0	03	C	0	
1	B3C	300111	RIBS, RT ANT & LAT	006.0	04	C	0	
1	B3C	300112	RIBS, RT ANT & POST (1-9)	006.0	05	C	0	
1	B3C	300113	RIBS, RT ANT, POST (1-9) & LAT	012.0	06	C	0	
1	B30	300114	RIBS, RT ANT & POST (1-12)	009.0	07	C	0	
1	B3C	300115	RIBS, RT (ALL)	012.0	04	C	0	
1	B3C	300120	RIBS, LT POST (1-9)	003.0	03	C	0	
1	B3C	300121	RIBS, LT POST (1-9) & LAT	009.0	04	0	0	
1	B3C	300125	RIBS, LT POST (9-12)	003.0	03	C	0	
1	B3C	300126	RIBS, LT POST (1-12)	006.0	05	C	0	
1	B3C	300130	RIBS, RT POST (1-9)	003.0	03	C	0	
1	B3C	300131	RIBS, RT POST (1-9) & LAT	006.0	04	C	0	
1	B3C	300135	RIBS, RT POST (9-12)	003.0	03	C	0	
1	B3C	300136	RIBS, RT POST (1-12)	006.0	05	C	0	
1	B3C	300140	RIBS, LT LAT	003.0	03	C	0	

PREPARED 85 MAY 29 11:03
DOD REGION 03

UCA - AUTOMATED SOURCE DATA MAINTENANCE
RADIOLOGY PROCEDURE WEIGHTS TABLE LISTING
MEDDAC FT LEE

AS OF 85 MAY 29

PCN DI016-NAD-6K01
UIC W2LMAA

MTF CODE	TABLE ID	PROCEDURE CODE	PROCEDURE NAME	WEIGHT	CODE II	CODE IIIA	CODE IIIB	DEL FLAG
1	E3C	300165	RIBS, RT LAT	003.0	03	C	0	
1	E3C	300150	RIBS, BILAT ANT	006.0	04	C	0	
1	E3C	300151	RIBS, BILAT ANT & LAT	012.0	06	C	0	
1	E3C	300160	RIBS, BILAT POST (1-9)	006.0	04	C	0	
1	E3C	300161	RIBS, BILAT POST (1-9) & LAT	012.0	06	C	0	
1	E3C	300165	RIBS, BILAT POST (9-12)	006.0	04	C	0	
1	E3C	300166	RIBS, BILAT POST (1-12)	012.0	07	0	0	
1	E3C	300170	RIBS, BILAT ANT & POST (1-9)	012.0	07	0	0	
1	E3C	300171	RIBS, BILAT ANT, POST(1-9) & LAT	012.0	09	0	0	
1	E3C	300172	RIBS, BILAT ANT & POST (1-12)	015.0	10	0	0	
1	E3C	300175	RIBS, BILAT (ALL)	018.0	12	0	0	
1	E3C	300179	RIBS, OTHER	003.0	03	C	0	
1	E3C	300180	STERNUM	003.0	02	C	0	
1	E3C	300181	STERNUM & BILAT ANT RIBS	009.0	06	0	0	
1	E3C	300182	STERNUM & SC JOINTS	006.0	05	C	0	
1	E3C	300183	STERNUM, BILAT ANT RIBS & SC'S	012.0	07	C	0	
1	E3C	300189	STERNUM, OTHER	003.0	02	C	0	
1	E3C	300190	SC JOINTS	003.0	03	C	0	
1	E3C	300300	LT THUMB (1ST DIGIT)	003.0	01	C	0	
1	E3C	300305	LT INDEX FINGER (2ND DIGIT)	003.0	01	C	0	
1	E3C	300310	LT MIDDLE FINGER (3RD DIGIT)	003.0	01	C	0	
1	E3C	300315	LT RING FINGER (4TH DIGIT)	003.0	01	C	0	
1	E3C	300320	LT LITTLE FINGER (5TH DIGIT)	003.0	01	C	0	
1	E3C	300321	LT FINGERS (2 OR MORE)	003.0	01	C	0	
1	E3C	300325	LT FINGERS & HAND	006.0	02	C	0	
1	E3C	300330	RT THUMB (1ST DIGIT)	003.0	01	C	0	
1	E3C	300335	RT INDEX FINGER (2ND DIGIT)	003.0	01	C	0	
1	E3C	300340	RT MIDDLE FINGER (3RD DIGIT)	003.0	01	C	0	
1	E3C	300345	RT RING FINGER (4TH DIGIT)	003.0	01	C	0	
1	E3C	300350	RT LITTLE FINGER (5TH DIGIT)	003.0	01	C	0	
1	E3C	300351	RT FINGERS (2 OR MORE)	003.0	01	C	0	
1	E3C	300355	RT FINGERS & HAND	006.0	02	C	0	
1	E3C	300360	BILAT THUMBS (1ST DIGITS)	006.0	02	C	0	
1	E3C	300365	BILAT INDEX FINGER(2ND DIGITS)	006.0	02	C	0	
1	E3C	300370	BILAT MIDDLE FINGER(3RD DIGIT)	006.0	02	C	0	
1	E3C	300375	BILAT RING FINGER (4TH DIGIT)	006.0	02	C	0	
1	E3C	300380	BILAT LITTLE FINGER(5TH DIGIT)	006.0	02	C	0	
1	E3C	300381	BILAT FINGERS (2 OR MORE)	006.0	02	C	0	
1	E3C	300385	BILAT FINGERS & HANDS	012.0	04	C	0	
1	E3C	300399	FINGER, OTHER	003.0	01	C	0	
1	E3C	300400	LT HAND	003.0	03	C	0	
1	E3C	300401	LT LAT HAND	003.0	01	C	0	
1	E3C	300402	LT HAND & LAT	003.0	02	C	0	
1	E3C	300403	LT HAND & WRIST	006.0	02	C	0	
1	E3C	300410	RT HAND	003.0	03	C	0	
1	E3C	300411	RT LAT HAND	003.0	01	C	0	
1	E3C	300412	RT HAND & LAT	003.0	02	C	0	
1	E3C	300413	RT HAND & WRIST	006.0	02	C	0	
1	E3C	300420	BILAT HANDS	006.0	06	0	0	

APPENDIX E

Blue Cross Blue Shield of Virginia

PPS RATE CALCULATION WORKSHEET

JOHN RANDOLPH HOSPITAL

Facts:

. Fiscal Year End December 31, 1984

. Urban X Rural _____

Federal Portion:

Labor Related Component (330 FR)	$	2,183.42
Wage Index (39875 FR)	x	.8866
Sub-Total, Labor Component	$	1,935.82
Non-Labor Component (330 FR)		581.98
Total Federal Portion	$	2,517.80

Hospital-Specific Portion:

Base Period Cost per Discharge per HCFA-1007, Part VII , line 14	$	
Updating Factor (329 FR)	x	1.12333
Case-mix Index (39868 FR)	÷	.9501
Total Hospital-Specific Portion	$	XXXX

Blended Rate:

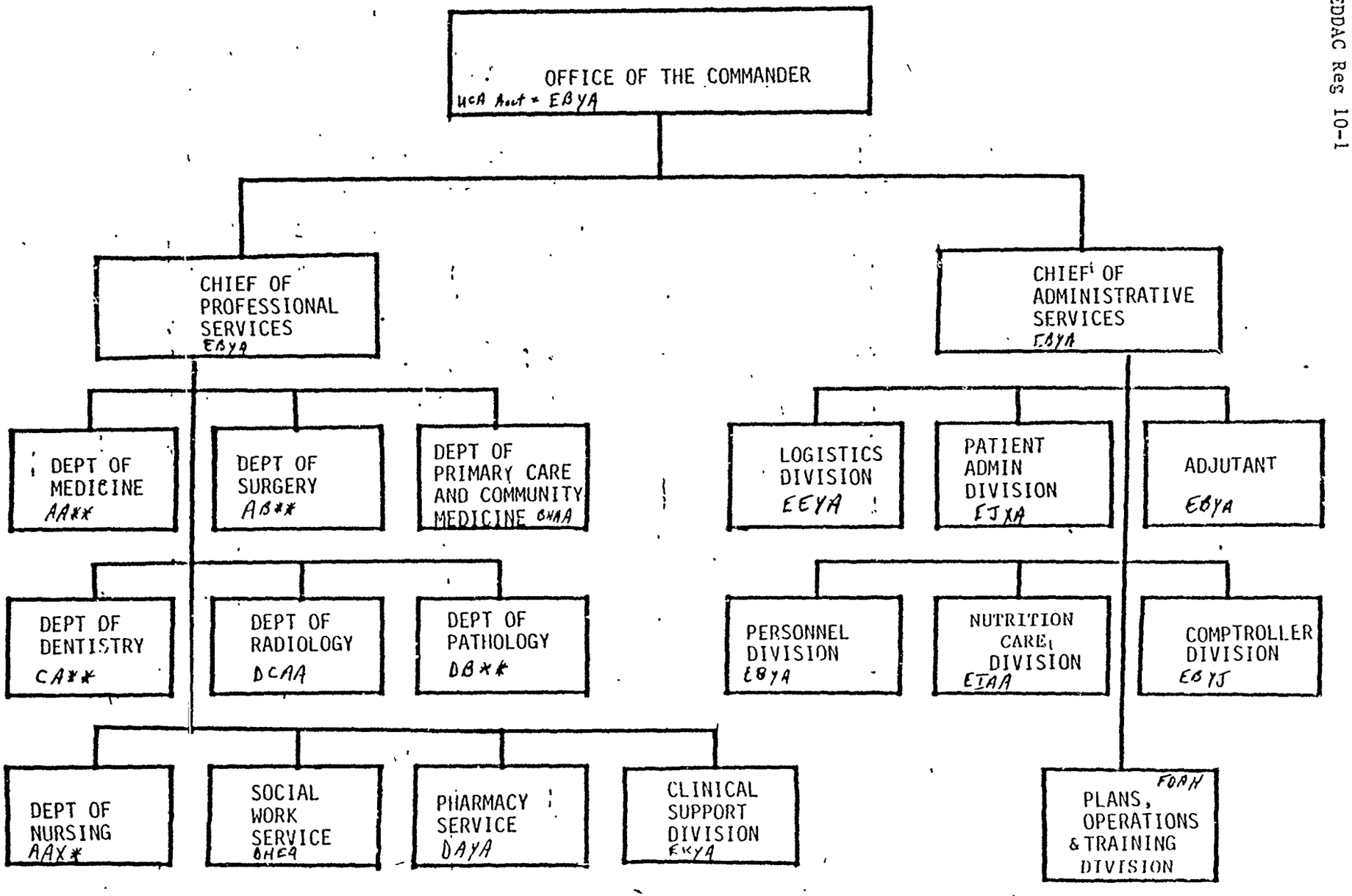
Hospital Specific Portion $(approx) 2738.19 x 75% = $(approx) 2053.65

Federal Portion $ 2,517.80 x 25% = 629.45

Total Blended Rate on which payments will be based for discharges on and after October 1, 1983 $ 2683.10

Note: "FR" references are to specific pages in the September 1, 1983 and January 3, 1984 Federal Registers

KENNER ARMY COMMUNITY HOSPITAL



** = Multiple subaccounts

APPENDIX G

UNIFORM STAFFING METHODOLOGIES MANPOWER AVAILABILITY REPORT

(Supporting Information for RCS. DD HAQ-1581

(For use of this form see Uniform Staffing Methodologies for Fixed Medical and Dental Treatment Facilities Users Manual, DA Pam 40-XX, DRAFT)

TO: USM Project Office
MTF:

FROM: Dept/Div:
Rept Element:

PREPARER NAME AND TELEPHONE NUMBER:

LINE NO	EMPLOYEE NAME	MTF APC	SSI/MOS JOB SER ES	MIX	BR	GR	SOURCE	CAT	CLINICIAN SURVEY NUMBER	UCA CODE	TOTAL AVAIL HRS	TOTAL NON-AVAIL HRS	TOTAL OP ASGD HRS	TR	UNIT ID CODE (UIC)	FM TYP	TDA PARA NUMBER	REPT MO		(CY) REPT YR	INPUT JULIAN DATE
1 2	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	19 20 21 22	23 24 25 26 27	28	29 30	31 32	33	34 35	36 37 38 39 40	41 42 43 44	45 46 47 48 49	50 51 52 53 54	55 56 57 58 59 60	61	62 63 64 65 66 67	68	69 70 71 72	73 74	75	76 77	78 79 80
																8					

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
A. Op Asgd Hrs																																
B. Non-Avail Hrs																																
C. Avail Hrs																																

LINE NO	EMPLOYEE NAME	MTF APC	SSI/MOS JOB SER ES	MIX	BR	GR	SOURCE	CAT	CLINICIAN SURVEY NUMBER	UCA CODE	TOTAL AVAIL HRS	TOTAL NON-AVAIL HRS	TOTAL OP ASGD HRS	TR	UNIT ID CODE (UIC)	FM TYP	TDA PARA NUMBER	REPT MO		(CY) REPT YR	INPUT JULIAN DATE
1 2	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	19 20 21 22	23 24 25 26 27	28	29 30	31 32	33	34 35	36 37 38 39 40	41 42 43 44	45 46 47 48 49	50 51 52 53 54	55 56 57 58 59 60	61	62 63 64 65 66 67	68	69 70 71 72	73 74	75	76 77	78 79 80
																8					

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
A. Op Asgd Hrs																																
B. Non-Avail Hrs																																
C. Avail Hrs																																

LINE NO	EMPLOYEE NAME	MTF APC	SSI/MOS JOB SER ES	MIX	BR	GR	SOURCE	CAT	CLINICIAN SURVEY NUMBER	UCA CODE	TOTAL AVAIL HRS	TOTAL NON-AVAIL HRS	TOTAL OP ASGD HRS	TR	UNIT ID CODE (UIC)	FM TYP	TDA PARA NUMBER	REPT MO		(CY) REPT YR	INPUT JULIAN DATE
1 2	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	19 20 21 22	23 24 25 26 27	28	29 30	31 32	33	34 35	36 37 38 39 40	41 42 43 44	45 46 47 48 49	50 51 52 53 54	55 56 57 58 59 60	61	62 63 64 65 66 67	68	69 70 71 72	73 74	75	76 77	78 79 80
																8					

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
A. Op Asgd Hrs																																
B. Non-Avail Hrs																																
C. Avail Hrs																																

LINE NO	EMPLOYEE NAME	MTF APC	SSI/MOS JOB SER ES	MIX	BR	GR	SOURCE	CAT	CLINICIAN SURVEY NUMBER	UCA CODE	TOTAL AVAIL HRS	TOTAL NON-AVAIL HRS	TOTAL OP ASGD HRS	TR	UNIT ID CODE (UIC)	FM TYP	TDA PARA NUMBER	REPT MO		(CY) REPT YR	INPUT JULIAN DATE
1 2	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	19 20 21 22	23 24 25 26 27	28	29 30	31 32	33	34 35	36 37 38 39 40	41 42 43 44	45 46 47 48 49	50 51 52 53 54	55 56 57 58 59 60	61	62 63 64 65 66 67	68	69 70 71 72	73 74	75	76 77	78 79 80
																8					

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
A. Op Asgd Hrs																																
B. Non-Avail Hrs																																
C. Avail Hrs																																

HSC Form 346–R (Temp)(DCSOPS) 1 Apr 83

EDITION OF 1 NOV 81 IS OBSOLETE

Army-Fort Lee, VA-7291-83-700-1

MANPOWER SURVEY REPORT - SCHEDULE X - MANPOWER AND WORKLOAD DATA

For use of this form, see AR 570-4; the proponent agency is DCSPER.

REQUIREMENT CONTROL SYMBOL CSGPA-1302

MAJOR STAFF ELEMENT	DIVISION	BRANCH	SECTION OR UNIT	SHEET NO.	LINE NO.
MEDDAC, KACH	Dept of Surgery	Surgical		2	2

DESCRIPTION OF WORK PERFORMED: Same as Yardstick Codes 557-31, 557-32, 557-52.21 plus (details in remarks section).
Same as Yardstick Code 557-52.22 minus (details in remarks section).

YARDSTICK CODE: 557-31, 557-32, 557-52.21, 557-52.22

WORK UNIT: Medical Officers Occupied Beds Clinic Visits

SECTION A - SUMMARY OF MANPOWER

CURRENT REQUIREMENTS	OFF a	WO b	ENL c	US CIV d	NON-US CIV e	TOTAL MAN-POWER SUBJ TO ALLOC f	OTHER MANPOWER US g	OTHER MANPOWER NON-US h	TOTALS
	5		2	3		10			10
1. ALLOCATION	1		2	4		7			7
2. ACTUAL STRENGTH	2		1	5		8			8
3. RECM BY CO	6		2	3		11			11
4. RECM BY SURVEY TEAM	5		2	3		10			10

YARDSTICK ALLOWANCE COMPUTATION

See Survey Team Specific Remarks

SECTION B - PERFORMANCE DATA

YEAR AND MONTH 1983 a	MANPOWER AVG STR b	MANPOWER TOTAL MAN-HOURS WORKED c	MANPOWER HRS OP IN MO d	MANPOWER EQUIV MAN-MONTHS (c ÷ d) e	WORKLOAD NO. OF WORK UNITS f	WORKLOAD W'L PER PERSON (f ÷ e) g
FEB	8	1174	152	7.72	498	65
MAR	10	1736	184	9.43	880	93
APR	9	1499	168	8.92	678	76
MAY	9	1295	168	7.71	655	85
JUN	9	1538	176	8.74	644	74
JUL	10	1353	160	8.46	764	90
AUG	12	1917	184	10.42	826	79
SEP	11	1518	168	9.04	605	67
OCT	9	1287	160	8.04	628	78
NOV	9	1407	160	8.79	600	68
DEC	8	1338	168	7.96	576	72
84						
JAN	8	1411	168	8.40	633	75
1. WORKLOAD USED AS BASIS OF APPRAISAL					666	
2. AVERAGE PRODUCTIVITY						84

3. MANPOWER ALLOWANCE

SURVEY WORKLOAD (1) (666) ÷ AVG PRODUCTIVITY (2) (84) = 7.93 × 1.11 = 8.8 or 9

SECTION C - MANPOWER

ALLOC STR a	RANK OR GRADE b	ACTUAL STR c	RANK OR GRADE d	JOB TITLE
1	LTC			C, Dept of Surg
1	GS-14	1	GS-14	Acting C, Dept of Surg
1	GS-05	1	GS-05	Secy. Stenography
		1	LTC	General Surgeon
		1	MAJ	General Surgeon
1	SP4	1	SP4	Dispensary Sp
1	PFC			Dispensary Sp
1	GS-05	1	GS-05	Practical Nurse
1	GS-04	1	GS-04	Nurse Asst
		1	GS-03	Med Clk (Req in CSD S4/L12)

AMS CODE: 847792.2000

TDA PARA: 004/004A

DA FORM 1 NOV 71 140-4

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

SECTION D - SPECIFIC REMARKS

COMMANDER

The General Surgical Clinic is conducted Monday through Friday from 0800-1200 and 1300-1700. Urology Clinic is conducted Monday, 0800-1200 and 1300-1700; Wednesday, 0800-1200 hours.

The duties of the Clinic NCOIC include suture removal and evaluation, debridement of minor wounds, including burns, irrigations, and assisting with incisions and drainage of wounds, proctoscopic examinations, vasectomies, catherizations, perform and assist minor surgical procedures, applications of occlusive dressings and Unna boots. At all times, the clinic must be maintained with adequate supplies while budgeting, forecasting, and anticipating future needs. An inventory and stocking of equipment is maintained. The meticulous cleanliness of surgical treatment rooms for control of infection and maintenance of equipment is performed. The coordination of patients and assisting in providing smooth continuity in patient care is a key function of the NCOIC. This includes patient direction, lab slips, X-rays, consultations, interpretation of instructions and other orders to aid the general surgeons in smoothly and efficiently seeing large numbers of patients.

The Department of Surgery's secretary is already overburdened with administrative paperwork, correspondence, scheduling and coordinating with patient problems both in general surgery and urology as well as the many studies which are not available at Kenner Army Community Hospital (i.e., gastroscopy, colonscopy, etc.). Considerable time is necessitated in coordinating the operating room schedule and use of CHAMPUS forms, transfers of gynecologic patients to supporting hospitals, monthly reports, typing, filing, and a myriad of other duties for the Surgical Department. The secretary of the Department of Surgery performs duties for 3 General Surgeons, 2 Orthpedic Surgeons, and 2 Urologists. The Department Secretary is a key link in overseeing the military channels and regulations in guiding the surgeons to provide medical care within the scope and guidelines of the military. Clerical support is recognized under Clinical Support Division.

The following is a complete and accurate breakdown of all procedures performed in and through the General Surgery Service:

Operating Room procedures are done on Tuesday, Wednesday and Friday in the AM only except in an emergency. A monthly breakdown and averages for the survey period are as follows:

DATE	# OF OR PROCEDURES
FEB 83	26
MAR	31
APR	30
MAY	26
JUN	25

SCHEDULE X (S 2, L 2) - Continuation Sheet

SEC D. SPECIFIC REMARKS (Cont)

COMMANDER

DATE	# OF OR PROCEDURES
JUl	35
AUG	27
SEP	18
OCT	11
NOV	21
DEC	24
JAN 84	28
TOTAL	302
Average	25.17 or 25

DATE	MINOR SURGERY	INCISION & DRAINAGE	DRESSING CHANGE	WOUND CHECK	SUTURE REMOVAL	PROCTO EXAM	WART RX	BURN DRESSING	BEDS OCC (DAILY AVG)	EPISODES OF SURG (ANES)
FEB	27	7	28	12	58	2	24	4	12	76
MAR	31	22	25	37	87	23	23	9	10	105
APR	28	3	29	36	63	14	25	10	11	75
MAY	31	25	64	69	92	12	39	12	9	76
JUN	24	17	71	49	107	9	41	9	10	73
JUL	33	15	53	38	78	14	63	17	10	80
AUG	36	20	48	26	102	20	135	22	9	71
SEP	30	17	46	21	77	9	96	11	7	55
OCT	37	15	42	17	81	19	108	7	5	38
NOV	35	15	27	11	69	27	65	3	7	60
DEC	22	12	31	28	69	10	93	3	10	53
JAN84	33	17	58	35	79	24	77	18	10	62
TOTALS	367	185	522	379	962	183	789	125	110	824
AVG	30.58	15.42	43.5	31.58	80.17	15.25	65.75	10.42	9	69

SCHEDULE X (S 2, L 2) - Continuation Sheet

SEC D. SPECIFIC REMARKS (Cont)

COMMANDER

Due to the amount of office space available it has been necessary to house the Dermatology Clinic with the Surgical Clinic. The surgical clinic nursing staff also assists in patient care in the dermatology clinic. This has been partially supplemented by the use of one Practical Nurse from the Department of Medicine .

The following is a breakdown of all procedures performed in the Dermatology Clinic:

DATE	MINOR SURGERY	PATCH TESTS
FEB	61	2
MAR	62	6
APR	70	8
MAY	99	5
JUN	131	6
JUL	37	4
AUG	11	2
SEP	25	6
OCT	30	27
NOV	51	10
DEC	30	12
JAN 84	48	18
TOTAL	655	106
AVG	54.58	8.83

To provide adequate physician staffing a breakout of clinic reported in Section B is provided:

MONTH	TOTAL	SURG CL VISITS	UROL CL VISITS
FEB 83	498	464	34
MAR	880	773	107

SCHEDULE X (S 2, L 2) - Continuation Sheet

SEC D. SPECIFIC REMARKS (Cont)

COMMANDER

MONTH	TOTAL	SURG CL VISITS	UROL CL VISITS
APR	678	626	52
MAY	655	611	44
JUN	644	590	54
JUL	764	726	38
AUG	826	742	84
SEP	605	542	63
OCT	628	531	97
NOV	600	516	84
DEC	576	496	80
JAN 84	633	550	83
Average	666	598	68

The Yardstick Codes do not address the fact that the physicians perform major and minor surgical procedures. Request local appraisal be considered.

The General Surgery Service has the responsibility for ordering ostomy supplies and providing inpatient and outpatient education.

Clerical support is requested on Sheet No. 4, Line No. 12.

RECOMMENDED STAFFING:

1	OFF	(MC)	General Surgeon (Chief of Dept)
3	OFF	(MC)	General Surgeon
1	OFF	(MC)	Anesthesiologist

SCHEDULE X (S 2, L 2) - Continuation Sheet

SEC D. SPECIFIC REMARKS (Cont)

COMMANDER

1	OFF (MC)	Urologist
2	ENL	Dispensary Sp
2	CIV	Practical Nurse/Nur Asst
1	CIV	Secretary Steno
11		

MANPOWER SURVEY REPORT - REMARKS For use of this form, see AR 570-4; the proponent agency is Office of the Assistant Chief of Staff for Force Development.	1. SHEET NO. 2	2. LINE NO. 2	REPORTS CONTROL SYMBOL CSFOR-76

3. CHECK APPLICABLE BLOCK. ☐ SURVEY TEAM GENERAL REMARKS (complete item 4, only, and file after Commander's General Remarks.)

☐ COMMANDER GENERAL REMARKS (complete item 4, only, and file after Coversheet, DA Form 140.)

☒ SURVEY TEAM SPECIFIC REMARKS (If this block is checked, complete items 1, 2, and 4 and file with Schedule X.)

4. REMARKS: (If more space is required, continue on plain paper 10½" x 8".)

a. The functions indicated on this schedule were reviewed and found to be as stated.

b. The information in Section B was reviewed, found to be valid, but was not considered in determining manpower requirements because updating of the current workload through April 1984 indicated an average of 669 clinic visits per month.

c. Yardstick Codes 557-31/557-32/557-52.21 were applicable to this activity and were used in conjunction with local appraisal.

(1) Yardstick Code 557-31: 2 + .13 (10-4) = 2.78 or 3 requirements.
Work Unit: Medical Officers (10)

(2) Yardstick Code 557-32: 1 - .033 (30-9) = 0.307 Physician Requirement.
Work Unit: Occupied Beds (9)

(3) Yardstick Code 557-52.21: 669 Clinic Visits ÷ 450 = 1.49 Physician Requirements.
Work Unit: Clinic Visits (669)

(4) Local Appraisal: Plus 0.48 requirement.
Rationale: 0.48 physician requirement was recognized to provide for the performance of in-clinic procedures in the surgical clinic. On-site verification established that 293 procedures were performed per month and that the average time per procedure was 15 minutes.

293 Procedures X 15 minutes ÷ 60 ÷ 168 X 1.11 = 0.48 Physician Requirement.

(5) Local Appraisal: Plus 1 requirement.
Rationale: One Urologist requirement was recognized to provide for the mission needs of Kenner Army Community Hospital.

(6) Yardstick Code 557-32: Direct Reading = 1 Anesthesiologist.
Work Unit: Episodes of Surgery (80) IAW note to Y/S one Anesthesiologist was recognized to provide for the performance of 80 episodes of surgery per month. This requirement is also validated based on the mission needs of the MEDDAC.

FOR EXAMPLES AND INSTRUCTIONS, SEE APPENDIX B, DA PAMPHLET 570-4.

DA FORM 1 DEC 73 140-1

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

* U.S. GPO: 1974—540-842/8623

Manpower Survey Report Sheet 2 Line 2

Survey Team Remarks (continued)

(7) Physician Recap:

Y/S 557-31 =	1.00 Requirement
Y/S 557-32	1.307 Requirement
Y/S 557-52.21	1.49 Requirement
Local Appraisal	1.48 Requirement
	5.24 or 5 Requirements

(8) Local Appraisal: Plus 1 Requirement.
Rationale: One requirement was recognized to provide para-professional support for the in-clinic procedures performed in the Surgical Clinic. On-site validation indicated 293 procedures per month which required 25 minutes per procedure.

293 procedures X 25 minutes ÷ 60 ÷ 168 X 1.11 = 0.81 or 1 Requirement.

(9) Local Appraisal: Minus 2 Requirements.
Rationale:

(a) The requirement for a PSNCO from Y/S 557-31 was not recognized because the Surgical Service is not organized in a manner which requires an NCO. The support is provided by Clinical Support Division as needed.

(b) One clerk-typist position recognized on Y/S 557-52.21 was addressed on sheet 4, line 12 Ambulatory Care Support Branch.

(10) Total Yield: 10 Requirements.

d. The commander's remarks, Section D, were found to be essentially as stated.

e. The survey team nonconcurred with the commander and recommended staffing as indicated below:

3	Off (MC)	General Surgeon
1	Off (MC)	Urologist
1	Off (MC)	Anesthesiologist
2	Enl	Dispensary Specialist
2	Civ	LPN/NA
1	Civ	Secretary
10	Total	

APPENDIX I

MAJOR DISEASE CATEGORIES

MDC 1: Disease and Disorders of the Nervous System

MDC 2: Disease and Disorders of the Eye

MDC 3: Diseases and Disorders of the Ear, Nose, and Throat

MDC 4: Diseases and Disorders of the Respiratory System

MDC 5: Diseases and Disorders of the Circulatory System

MDC 6: Diseases and Disorders of the Digestive System

MDC 7: Disease and Disorders of the Hepatobiliary System and Pancreas

MDC 8: Diseases of the Musculoskeletal System and Connective Tissue

MDC 9: Diseases of the Skin, Subcutaneous Tissue and Breast

MDC 10: Endocrine, Nutritional and Metabolic Diseases

MDC 11: Diseases and Disorders of the Kidney and Urinary Tract

MDC 12: Diseases and Disorders of the Male Reproductive System

MDC 13: Diseases and Disorders of the Female Reproductive System

MDC 14: Pregnancy, Childbirth, and the Puerperium

MDC 15: Normal Newborns and Other Neonates with Certain Conditions Originating in the Perinatal Period

MDc 16: Disease and Disorders of the Blood and Blood-Forming Organs and Immunity

MDC 17: Myeloproliferative Disorders and Poorly Differentiated Malignancy, and Other Neoplasms NEC

MDC 18: Infections and Parasitic Diseases (Systemic)

MDC 19: Mental Disorders

MDC 20: Substance Use Disorders and Substance Induced Organic Disorders

MDC 21: Injury, Poisoning, and Toxic Effects of Drugs

MDC 22: Burns

MDC 23: Selected Factors Influencing Health Status and Contact with Health Services

APPENDIX J

[redacted]

DRG RATE REPORT
04/16/85

RATES EFFECTIVE 10/01/84 ESTABLISHED 12/17/84

MDC	DRG	DRG DESCRIPTION	—DAYS— ALOS	CC	WEIGHT	DRG RATE	CHRG THOLD
01 P	001	CRANIOTOMY AGE)=18 EXCEPT FOR TRAUMA	19.4	41	3.3199	$8,563.23	$21,590.19
01 P	002	CRANIOTOMY FOR TRAUMA AGE)=18	15.8	33	3.2483	$8,379.41	$21,118.02
01 P	003	CRANIOTOMY AGE (18	12.7	35	2.9163	$7,544.94	$13,969.68
01 P	004	SPINAL PROCEDURES	16.0	38	2.2219	$5,744.46	$14,482.91
01 P	005	EXTRACRANIAL VASCULAR PROCEDURES	9.8	31	1.6606	$4,293.30	$13,314.22
01 P	006	CARPAL TUNNEL RELEASE	2.6	8	.3952	$1,021.75	$13,314.22
01 P	007	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC AGE)=70 W/CR C.C.	5.3	27	1.0172	$2,629.56	$13,314.22
01 P	008	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC AGE (70 W/O C.C.	4.1	23	.7154	$1,850.17	$13,314.22
01 M	009	SPINAL DISORDERS & INJURIES	9.1	31	1.3813	$3,571.20	$13,314.22
01 M	010	NERVOUS SYSTEM NEOPLASMS AGE)=70 AND/OR C.C.	9.6	32	1.2351	$3,348.34	$13,314.22
01 M	011	NERVOUS SYSTEM NEOPLASMS AGE (70 W/O C.C.	8.5	31	1.2415	$3,209.76	$13,314.22
01 M	012	DEGENERATIVE NERVOUS SYSTEM DISORDERS	9.4	31	1.1020	$2,849.10	$13,314.22
01 M	013	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA	8.9	31	1.0045	$2,597.02	$13,314.22
01 M	014	SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA	9.9	32	1.3386	$3,460.20	$13,314.22
01 M	015	TRANSIENT ISCHEMIC ATTACKS	5.6	27	.6604	$1,707.39	$13,314.22
01 M	016	NONSPECIFIC CEREBROVASCULAR DISORDERS WITH C.C.	7.4	29	.8503	$2,198.35	$13,314.22
01 M	017	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O C.C.	7.2	29	.8305	$2,147.17	$13,314.22
01 M	018	CRANIAL & PERIPHERAL NERVE DISORDERS AGE)=70 AND/OR C.C.	6.6	29	.7833	$2,025.14	$13,314.22
01 M	019	CRANIAL & PERIPHERAL NERVE DISORDERS AGE (70 W/O C.C.	5.7	28	.6903	$1,784.69	$13,314.22
01 M	020	NERVOUS SYSTEM INFECTION EXCEPT VIRAL MENINGITIS	7.6	30	1.3504	$3,492.04	$13,314.22
01 M	021	VIRAL MENINGITIS	4.5	15	.6235	$1,612.25	$13,314.22
01 M	022	HYPERTENSIVE ENCEPHALOPATHY	6.4	28	.7787	$2,013.24	$13,314.22
01 M	023	NONTRAUMATIC STUPOR & COMA	5.9	26	1.1448	$2,959.75	$13,314.22
01 M	024	SEIZURE & HEADACHE AGE)=70 AND/OR C.C.	5.6	25	.7203	$1,862.25	$13,314.22
01 M	025	SEIZURE & HEADACHE AGE 18-69 W/O C.C.	4.9	25	.6326	$1,635.52	$13,314.22
01 M	026	SEIZURE & HEADACHE AGE 0-17	3.3	13	.4304	$1,112.75	$13,314.22
01 M	027	TRAUMATIC STUPOR & COMA, COMA)1 HR	4.1	26	1.1250	$2,908.56	$13,314.22
01 M	028	TRAUMATIC STUPOR & COMA, COMA (1 HR AGE)=70 AND/OR C.C.	5.9	28	1.0590	$2,737.93	$13,314.22
01 M	029	TRAUMATIC STUPOR & COMA (1 HR AGE 18-69 W/O C.C.	3.8	25	.7100	$1,835.63	$13,314.22
01 M	030	TRAUMATIC STUPOR & COMA (1 HR AGE 0-17	2.0	6	.3539	$914.97	$13,314.22
01 M	031	CONCUSSION AGE)=70 AND/OR C.C.	4.6	27	.5958	$1,540.13	$13,314.22
01 M	032	CONCUSSION AGE 18-69 W/O C.C.	3.3	19	.4472	$1,156.19	$13,314.22
01 M	033	CONCUSSION AGE 0-17	1.6	5	.2457	$635.23	$13,314.22
01 M	034	OTHER DISORDERS OF NERVOUS SYSTEM AGE)=70 AND/OR C.C.	7.1	29	.9824	$2,539.89	$13,314.22
01 M	035	OTHER DISORDERS OF NERVOUS SYSTEM AGE (70 W/O C.C.	6.2	28	.8372	$2,164.49	$13,314.22
02 P	036	RETINAL PROCEDURES	5.0	15	.7019	$1,814.63	$13,314.22
02 P	037	ORBITAL PROCEDURES	3.4	11	.5571	$1,440.32	$13,314.22
02 P	038	PRIMARY IRIS PROCEDURES	3.0	9	.4280	$1,106.55	$13,314.22
02 P	039	LENS PROCEDURES	2.8	6	.4958	$1,281.84	$13,314.22
02 P	040	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE)=18	3.4	7	.3935	$1,017.51	$13,314.22
02 P	041	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17	1.6	4	.3657	$945.48	$13,314.22
02 P	042	INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS	3.8	12	.5845	$1,511.16	$13,314.22
02 M	043	HYPHEMA	4.2	12	.3768	$973.35	$13,314.22
02 M	044	ACUTE MAJOR EYE INFECTIONS	6.5	22	.6233	$1,611.47	$13,314.22
02 M	045	NEUROLOGICAL EYE DISORDERS	4.3	18	.5582	$1,443.16	$13,314.22
02 M	046	OTHER DISORDERS OF THE EYE AGE)=18 WITH C.C.	4.1	23	.5902	$1,525.90	$13,314.22
02 M	047	OTHER DISORDERS OF THE EYE AGE)=18 W/O C.C.	3.0	12	.5011	$1,295.54	$13,314.22
02 M	048	OTHER DISORDERS OF THE EYE AGE 0-17	2.9	13	.4018	$1,038.81	$13,314.22

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DRG RATE REPORT
04/16/85

RATES EFFECTIVE 10/01/84 ESTABLISHED 12/17/84

MDC	DRG	DRG DESCRIPTION	---DAYS--- ALOS	LOS	WEIGHT	DRG RATE	CHRG THOLD
03	P	049	MAJOR HEAD & NECK PROCEDURES	13.6	36	2.5007	$6,465.28	$16,255.18
03	P	050	SIALOADENECTOMY	4.6	14	.7086	$1,832.01	$13,314.22
03	P	051	SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY	4.2	15	.6632	$1,714.63	$13,314.22
03	P	052	CLEFT LIP & PALATE REPAIR	3.8	11	.6421	$1,660.08	$13,314.22
03	P	053	SINUS & MASTOID PROCEDURES AGE)=18	3.5	11	.5834	$1,508.32	$13,314.22
03	P	054	SINUS & MASTOID PROCEDURES AGE 0-17	3.2	11	.6889	$1,781.07	$13,314.22
03	P	055	MISCELLANEOUS EAR, NOSE & THROAT PROCEDURES	2.5	7	.4110	$1,062.59	$13,314.22
03	P	056	RHINOPLASTY	2.8	8	.4101	$1,060.27	$13,314.22
03	P	057	T&A PROC EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY,AGE) 17	2.7	9	.5196	$1,343.37	$13,314.22
03	P	058	T&A PROC EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY,AGE 0-17	1.5	3	.3097	$800.69	$13,314.22
03	P	059	TONSILLECTOMY AND/OR ADENOIDECTOMY ONLY, AGE)=18	2.0	4	.3114	$805.09	$13,314.22
03	P	060	TONSILLECTOMY AND/OR ADENOIDECTOMY ONLY, AGE 0-17	1.5	3	.2616	$676.34	$13,314.22
03	P	061	MYRINGOTOMY AGE)=18	2.1	9	.4229	$1,093.38	$13,314.22
03	P	062	MYRINGOTOMY AGE 0-17	1.3	3	.3089	$798.63	$13,314.22
03	P	063	OTHER EAR, NOSE & THROAT O.R. PROCEDURES	5.8	28	1.0975	$2,837.46	$13,314.22
03	M	064	EAR, NOSE & THROAT MALIGNANCY	5.7	28	1.0709	$2,768.37	$13,314.22
03	M	065	DYSEQUILIBRIUM	4.6	17	.4807	$1,242.80	$13,314.22
03	M	066	EPISTAXIS	3.7	15	.4073	$1,053.03	$13,314.22
03	M	067	EPIGLOTTITIS	4.3	17	.6692	$1,730.14	$13,314.22
03	M	068	OTITIS MEDIA & URI AGE)=70 AND/OR C.C.	6.0	22	.8224	$1,809.13	$13,314.22
03	M	069	OTITIS MEDIA & URI AGE 18-69 W/O C.C.	4.3	19	.5361	$1,386.03	$13,314.22
03	M	070	OTITIS MEDIA & URI AGE 0-17	3.1	10	.3659	$945.99	$13,314.22
03	M	071	LARYNGOTRACHEITIS	2.9	9	.3552	$918.33	$13,314.22
03	M	072	NASAL TRAUMA & DEFORMITY	3.8	18	.4807	$1,242.80	$13,314.22
03	M	073	OTHER EAR, NOSE & THROAT DIAGNOSES AGE)=18	3.5	17	.5163	$1,334.64	$13,314.22
03	M	074	OTHER EAR, NOSE & THROAT DIAGNOSES AGE 0-17	2.1	9	.3427	$885.01	$13,314.22
04	P	075	MAJOR CHEST PROCEDURES	14.4	36	2.5773	$6,663.32	$16,753.10
04	P	076	O.R. PROC ON THE RESP SYSTEM EXCEPT MAJOR CHEST WITH C.C.	10.6	33	1.8539	$4,793.05	$13,314.22
04	P	077	O.R. PROC ON THE RESP SYSTEM EXCEPT MAJOR CHEST W/O C.C.	9.5	32	1.7969	$4,650.66	$13,314.22
04	M	078	PULMONARY EMBOLISM	10.4	32	1.3349	$3,606.35	$13,314.22
04	M	079	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE)=70 AND/OR C.C.	11.2	33	1.7795	$4,600.70	$13,314.22
04	M	080	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE 18-69 W/O C.C.	10.9	33	1.7264	$4,463.42	$13,314.22
04	M	081	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE 0-17	6.1	28	.6652	$2,836.68	$13,314.22
04	M	082	RESPIRATORY NEOPLASMS	7.4	29	1.1282	$2,916.84	$13,314.22
04	M	083	MAJOR CHEST TRAUMA AGE)=70 AND/OR C.C.	8.1	30	.9707	$2,509.64	$13,314.22
04	M	084	MAJOR CHEST TRAUMA AGE (70 W/O C.C.	5.3	32	.7556	$1,979.89	$13,314.22
04	M	085	PLEURAL EFFUSION AGE)=70 AND/OR C.C.	8.4	30	1.1342	$2,932.35	$13,314.22
04	M	086	PLEURAL EFFUSION AGE (70 W/O C.C.	7.6	30	1.1100	$2,869.74	$13,314.22
04	M	087	PULMONARY EDEMA & RESPIRATORY FAILURE	7.7	30	1.5068	$3,373.23	$13,314.22
04	M	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	7.5	30	1.0304	$2,663.94	$13,314.22
04	M	089	SIMPLE PNEUMONIA & PLEURISY AGE)=70 AND/OR C.C.	8.5	31	1.0914	$2,821.63	$13,314.22
04	M	090	SIMPLE PNEUMONIA & PLEURISY AGE 18-69 W/O C.C.	7.6	29	.9747	$2,519.94	$13,314.22
04	M	091	SIMPLE PNEUMONIA & PLEURISY AGE 0-17	4.6	14	.5078	$1,312.66	$13,314.22
04	M	092	INTERSTITIAL LUNG DISEASE AGE)=70 AND/OR C.C.	7.8	30	1.0262	$2,653.13	$13,314.22
04	M	093	INTERSTITIAL LUNG DISEASE AGE (70 W/O C.C.	6.9	23	.9623	$2,487.92	$13,314.22
04	M	094	PNEUMOTHORAX AGE)=70 AND/OR C.C.	9.2	31	1.4225	$3,677.72	$13,314.22
04	M	095	PNEUMOTHORAX AGE (70 W/O C.C.	7.7	30	1.1135	$2,878.83	$13,314.22
04	M	096	BRONCHITIS & ASTHMA AGE)=70 AND/OR C.C.	6.9	24	.7913	$2,045.82	$13,314.22

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DRG RATE REPORT
04/16/85

RATES EFFECTIVE 10/01/84 ESTABLISHED 12/17/84

MDC	DRG	DRG DESCRIPTION	---DAYS--- YLOS	CC	WEIGHT	DRG RATE	CHRG THOLD
04 M	097	BRONCHITIS & ASTHMA AGE 18-69 W/O C.C.	6.2	21	.7181	$1,856.57	$13,314.22
04 M	098	BRONCHITIS & ASTHMA AGE 0-17	3.7	11	.4231	$1,093.68	$13,314.22
04 M	099	RESPIRATORY SIGNS & SYMPTOMS AGE)=70 AND/OR C.C.	5.5	27	.7652	$2,055.90	$13,314.22
04 M	100	RESPIRATORY SIGNS & SYMPTOMS AGE (70 W/O C.C.	5.1	24	.7550	$1,977.82	$13,314.22
04 M	101	OTHER RESPIRATORY DIAGNOSES AGE)=70 AND/OR C.C.	6.8	29	.8641	$2,311.60	$13,314.22
04 M	102	OTHER RESPIRATORY DIAGNOSES AGE (70	6.1	23	.8330	$2,308.75	$13,314.22
05 P	103	HEART TRANSPLANT	.0	0	.0000	$0.00	$13,314.22
05 P	104	CARDIAC VALVE PROCEDURE WITH PUMP & WITH CARDIAC CATH	20.9	43	5.7815	$17,532.81	$44,061.46
05 P	105	CARDIAC VALVE PROCEDURE WITH PUMP & W/O CARDIAC CATH	16.2	39	5.1764	$13,363.01	$33,647.90
05 P	106	CORONARY BYPASS WITH CARDIAC CATH	20.4	42	5.2077	$13,453.93	$33,851.36
05 P	107	CORONARY BYPASS W/O CARDIAC CATH	13.5	36	3.9476	$10,206.06	$25,660.39
05 P	108	CARDIOTHOR PROC.EXCEPT VALVE & CORONARY BYPASS.WITH PUMP	13.3	35	4.3301	$11,194.99	$28,146.74
05 P	109	CARDIOTHORACIC PROCEDURES W/O PUMP	12.1	34	3.6579	$9,457.09	$23,777.27
05 P	110	MAJOR RECONSTRUCTIVE VASCULAR PROCEDURES AGE)=70 AND/OR C.C.	14.3	35	2.9023	$7,503.57	$18,865.68
05 P	111	MAJOR RECONSTRUCTIVE VASCULAR PROCEDURES AGE (70 W/O C.C.	13.2	35	2.5552	$6,613.94	$16,628.94
05 P	112	VASCULAR PROCEDURES EXCEPT MAJOR RECONSTRUCTION	11.2	33	2.3255	$5,012.53	$15,116.99
05 P	113	AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER LIMB & TOE	21.6	44	2.6522	$6,856.97	$17,239.97
05 P	114	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS	16.6	39	2.0348	$5,330.02	$13,531.72
05 P	115	PERMANENT CARDIAC PACEMAKER IMPLANT WITH AMI OR CHF	15.8	38	3.8743	$10,016.57	$25,186.52
05 P	116	PERMANENT CARDIAC PACEMAKER IMPLANT W/O AMI OR CHF	9.3	31	2.8357	$7,333.97	$18,439.25
05 P	117	CARDIAC PACEMAKER REPLACE & REVIS EXC PULSE GEN REPL ONLY	5.4	28	1.8021	$4,659.13	$13,314.22
05 P	118	CARDIAC PACEMAKER PULSE GENERATOR REPLACEMENT ONLY	4.2	18	1.7524	$4,530.49	$13,314.22
05 P	119	VEIN LIGATION & STRIPPING	7.2	29	1.0500	$2,714.66	$13,314.22
05 P	120	OTHER O.R. PROCEDURES OF THE CIRCULATORY SYSTEM	15.0	37	2.4542	$6,448.46	$15,212.53
05 M	121	CIRCULATORY DISORDERS WITH AMI & C.V. COMP. DISCH. ALIVE	11.9	34	1.8454	$4,771.08	$13,314.22
05 M	122	CIRCULATORY DISORDERS WITH AMI W/O C.V. COMP. DISCH. ALIVE	9.8	32	1.3509	$3,492.50	$13,314.22
05 M	123	CIRCULATORY DISORDERS WITH AMI. EXPIRED	3.1	25	1.1242	$2,906.49	$13,314.22
05 M	124	CIRCULATORY DISORDERS EXC AMI,WITH CARD CATH & COMPLEX DIAG	6.4	30	2.1959	$5,679.84	$14,240.40
05 M	125	CIRCULATORY DISORDERS EXC AMI,WITH CARD CATH W/O COMPLEX DIAG	5.0	27	1.6284	$4,210.06	$13,314.22
05 M	126	ACUTE & SUBACUTE ENDOCARDITIS	18.4	40	2.6368	$6,817.15	$17,139.86
05 M	127	HEART FAILURE & SHOCK	7.8	30	1.0300	$2,662.95	$13,314.22
05 M	128	DEEP VEIN THROMBOPHLEBITIS	9.6	28	.8549	$2,210.25	$13,314.22
05 M	129	CARDIAC ARREST, UNEXPLAINED	4.6	27	1.5345	$3,967.38	$13,314.22
05 M	130	PERIPHERAL VASCULAR DISORDERS AGE)=70 AND/OR C.C.	7.1	29	.9545	$2,467.75	$13,314.22
05 M	131	PERIPHERAL VASCULAR DISORDERS AGE (70 W/O C.C.	6.4	28	.9392	$2,428.20	$13,314.22
05 M	132	ATHEROSCLEROSIS AGE)=70 AND/OR C.C.	6.7	29	.9087	$2,349.34	$13,314.22
05 M	133	ATHEROSCLEROSIS AGE (70 W/O C.C.	5.2	25	.8510	$2,200.17	$13,314.22
05 M	134	HYPERTENSION	6.1	26	.6976	$1,803.57	$13,314.22
05 M	135	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE)=70 AND/OR C.C.	6.1	28	.9819	$2,538.53	$13,314.22
05 M	136	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE 18-69 W/O C.C.	4.9	27	.9573	$2,474.93	$13,314.22
05 M	137	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE 0-17	3.3	20	.6315	$1,632.67	$13,314.22
05 M	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS AGE)=70 AND/OR C.C.	5.7	27	.9200	$2,378.56	$13,314.22
05 M	139	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS AGE (70 W/O C.C.	4.8	23	.8217	$2,124.41	$13,314.22
05 M	140	ANGINA PECTORIS	5.5	21	.7470	$1,931.29	$13,314.22
05 M	141	SYNCOPE & COLLAPSE AGE)=70 AND/OR C.C.	5.0	21	.6408	$1,656.72	$13,314.22
05 M	142	SYNCOPE & COLLAPSE AGE (70 W/O C.C.	4.3	18	.5621	$1,453.25	$13,314.22
05 M	143	CHEST PAIN	4.4	19	.6743	$1,743.33	$13,314.22
05 M	144	OTHER CIRCULATORY DIAGNOSES WITH C.C.	7.0	29	1.1150	$2,882.71	$13,314.22

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DRG RATE REPORT
04/16/85

RATES EFFECTIVE 10/01/84 ESTABLISHED 12/17/84

MDC	DRG	DRG DESCRIPTION	DAYS MLOS	DAYS OC	WEIGHT	DRG RATE	CHRG THOLD
05 M	145	OTHER CIRCULATORY DIAGNOSES W/O C.C.	6.4	29	.9916	$2,563.67	$13,314.22
06 P	146	RECTAL RESECTION AGE)=70 AND/OR C.C.	19.1	41	2.6301	$6,929.10	$17,421.32
06 P	147	RECTAL RESECTION AGE (70 W/O C.C.	17.9	40	2.4826	$6,418.49	$16,137.52
06 P	148	MAJOR SMALL & LARGE BOWEL PROCEDURES AGE)=70 AND/OR C.C.	17.0	39	2.5229	$6,522.42	$16,348.83
06 P	149	MAJOR SMALL & LARGE BOWEL PROCEDURES AGE (70 W/O C.C.	15.2	37	2.1924	$5,668.21	$14,251.15
06 P	150	PERITONEAL ADHESIOLYSIS AGE)=70 AND/OR C.C.	15.3	37	2.3499	$6,075.41	$15,274.94
06 P	151	PERITONEAL ADHESIOLYSIS AGE (70 W/O C.C.	13.4	35	2.0063	$5,187.07	$13,314.22
06 P	152	MINOR SMALL & LARGE BOWEL PROCEDURES AGE)=70 AND/OR C.C.	10.6	33	1.4697	$3,799.75	$13,314.22
06 P	153	MINOR SMALL & LARGE BOWEL PROCEDURES AGE (70 W/O C.C.	9.3	31	1.2468	$3,223.46	$13,314.22
06 P	154	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE)=70 AND/OR C.C.	14.8	37	2.6621	$6,882.56	$17,304.32
06 P	155	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE 18-69 W/O C.C.	13.0	35	2.3094	$5,970.70	$15,011.68
06 P	156	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE 0-17	6.0	20	.8382	$2,167.07	$13,314.22
06 P	157	ANAL PROCEDURES AGE)=70 AND/OR C.C.	6.0	25	.7902	$2,042.97	$13,314.22
06 P	158	ANAL PROCEDURES AGE (70 W/O C.C.	5.2	19	.6341	$1,639.40	$13,314.22
06 P	159	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE)=70 AND/OR C.C.	7.1	23	.9200	$2,378.56	$13,314.22
06 P	160	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE 18-69 W/O C.C.	6.0	18	.7536	$1,948.85	$13,314.22
06 P	161	INGUINAL & FEMORAL HERNIA PROCEDURES AGE)=70 AND/OR C.C.	5.7	15	.6955	$1,808.48	$13,314.22
06 P	162	INGUINAL & FEMORAL HERNIA PROCEDURES AGE 18-69 W/O C.C.	4.8	12	.5793	$1,497.72	$13,314.22
06 P	163	HERNIA PROCEDURES AGE 0-17	2.1	6	.4313	$1,115.09	$13,314.22
06 P	164	APPENDECTOMY WITH COMPLICATED PRINC. DIAG AGE)=70 AND/OR C.C.	11.9	33	1.8130	$4,687.31	$13,314.22
06 P	165	APPENDECTOMY WITH COMPLICATED PRINC. DIAG AGE (70 W/O C.C.	11.3	29	1.5966	$4,133.00	$13,314.22
06 P	166	APPENDECTOMY W/O COMPLICATED PRINC. DIAG AGE)=70 AND/OR C.C.	9.4	29	1.4179	$3,665.82	$13,314.22
06 P	167	APPENDECTOMY W/O COMPLICATED PRINC. DIAG AGE (70 W/O C.C.	7.4	22	1.0706	$2,767.52	$13,314.22
06 P	168	PROCEDURES ON THE MOUTH AGE)=70 AND/OR C.C.	4.3	25	.8541	$2,208.13	$13,314.22
06 P	169	PROCEDURES ON THE MOUTH AGE (70 W/O C.C.	4.2	26	.8859	$2,300.74	$13,314.22
06 P	170	OTHER DIGESTIVE SYSTEM PROCEDURES AGE)=70 AND/OR C.C.	14.6	37	2.6326	$6,806.89	$17,112.56
06 P	171	OTHER DIGESTIVE SYSTEM PROCEDURES AGE (70 W/O C.C.	13.3	35	2.3727	$6,134.35	$15,423.15
06 M	172	DIGESTIVE MALIGNANCY AGE)=70 AND/OR C.C.	8.2	30	1.2141	$3,138.94	$13,314.22
06 M	173	DIGESTIVE MALIGNANCY AGE (70 W/O C.C.	6.7	29	1.0406	$2,690.87	$13,314.22
06 M	174	G.I. HEMORR-AGE AGE)=70 AND/OR C.C.	6.7	29	.9185	$2,374.64	$13,314.22
06 M	175	G.I. HEMORR-AGE AGE (70 W/O C.C.	5.8	24	.8150	$2,107.09	$13,314.22
06 M	176	COMPLICATED PEPTIC ULCER	8.1	30	1.2309	$3,182.35	$13,314.22
06 M	177	UNCOMPLICATED PEPTIC ULCER)=70 AND/OR C.C.	6.6	24	.7345	$1,899.37	$13,314.22
06 M	178	UNCOMPLICATED PEPTIC ULCER (70 W/O C.C.	5.5	20	.5977	$1,571.14	$13,314.22
05 M	179	INFLAMMATORY BOWEL DISEASE	9.0	30	1.0045	$2,597.60	$13,314.22
06 M	180	G.I. OBSTRUCTION AGE)=70 AND/OR C.C.	6.2	23	.8112	$2,097.27	$13,314.22
06 M	181	G.I. OBSTRUCTION AGE (70 W/O C.C.	5.9	20	.7763	$2,007.04	$13,314.22
06 M	182	ESOPHAGITIS,GASTROENT.& MISC. DIGEST. DIS AGE)=70 &/OR C.C.	5.4	22	.6121	$1,582.52	$13,314.22
06 M	183	ESOPHAGITIS,GASTROENT.& MISC. DIGEST. DIS AGE 18-69 W/O C.C.	4.8	19	.5593	$1,446.01	$13,314.22
06 M	184	ESOPHAGITIS, GASTROENTERITIS & MISC. DIGEST. DISORDERS AGE 0-17	3.3	11	.3782	$977.79	$13,314.22
06 M	185	DENTAL & ORAL DIS. EXC EXTRACTIONS & RESTORATIONS,AGE)=18	4.2	26	.6612	$1,709.46	$13,314.22
06 M	186	DENTAL & ORAL DIS. EXC EXTRACTIONS & RESTORATIONS,AGE 0-17	2.9	11	.4112	$1,063.11	$13,314.22
06 M	187	DENTAL EXTRACTIONS & RESTORATIONS	2.7	3	.3949	$1,020.97	$13,314.22
06 M	188	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE)=70 AND/OR C.C.	5.1	27	.7367	$1,904.66	$13,314.22
06 M	189	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE 18-69 W/O C.C.	4.5	23	.6508	$1,682.57	$13,314.22
06 M	190	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE 0-17	2.1	8	.3344	$864.55	$13,314.22
07 P	191	MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	20.8	43	4.1357	$10,692.39	$26,883.09
07 P	192	MINOR PANCREAS, LIVER & SHUNT PROCEDURES	20.1	42	3.8790	$10,028.72	$25,214.47

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DRG RATE REPORT
04/16/85

RATES EFFECTIVE 10/01/84 ESTABLISHED 12/17/84

MDC	DRG	DRG DESCRIPTION	---DAYS--- TLOS	LO	WEIGHT	DRG RATE	CHRG THOLD
07	193	BILIARY TRACT PROC EXC TOT CHOLECYSTECTOMY AGE)=70 &/OR C.C.	17.3	39	2.4256	$6,271.64	$15,768.31
07	194	BILIARY TRACT PROC EXC TOT CHOLECYSTECTOMY AGE (70 W/O C.C.	13.9	36	1.9574	$5,086.49	$13,314.22
07	195	TOTAL CHOLECYSTECTOMY WITH C.D.E. AGE)=70 AND/OR C.C.	16.0	38	2.1465	$5,549.54	$13,552.79
07	196	TOTAL CHOLECYSTECTOMY WITH C.D.E. AGE (70 W/O C.C.	15.8	38	2.0380	$5,269.02	$13,314.22
07	197	TOTAL CHOLECYSTECTOMY W/O C.D.E. AGE)=70 AND/OR C.C.	11.5	29	1.4714	$3,804.14	$13,314.22
07	198	TOTAL CHOLECYSTECTOMY W/O C.D.E. AGE (70 W/O C.C.	10.1	24	1.2619	$3,262.50	$13,314.22
07	199	HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY	17.9	40	2.4319	$6,287.41	$15,307.96
07	200	HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY	15.1	37	2.5550	$6,605.67	$16,698.14
07	201	OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES	16.9	39	2.7007	$6,982.36	$17,553.23
07	202	CIRRHOSIS & ALCOHOLIC HEPATITIS	9.3	31	1.1841	$3,061.35	$13,314.22
07	203	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS	8.0	30	1.0823	$2,798.17	$13,314.22
07	204	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	7.5	30	.9581	$2,477.06	$13,314.22
07	205	DISORDERS OF LIVER EXC MALIG,CIRR,ALC HEPA AGE)=70 AND/OR C.C.	7.9	30	1.0710	$2,768.95	$13,314.22
07	206	DISORDERS OF LIVER EXC MALIG,CIRR,ALC HEPA AGE (70 W/O C.C.	6.6	29	.9151	$2,365.89	$13,314.22
07	207	DISORDERS OF THE BILIARY TRACT AGE)=70 AND/OR C.C.	6.6	28	.8404	$2,172.76	$13,314.22
07	208	DISORDERS OF THE BILIARY TRACT AGE (70 W/O C.C.	5.5	24	.7139	$1,871.85	$13,314.22
08	209	MAJOR JOINT PROCEDURES	17.1	38	2.2674	$5,862.11	$14,736.67
08	210	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE)=70 AND/OR C.C.	17.8	40	2.6017	$6,730.30	$15,401.87
08	211	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 18-69 W/O C.C.	15.9	35	1.9327	$4,996.78	$13,314.22
08	212	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0-17	11.1	33	1.6954	$4,383.27	$13,314.22
08	213	AMPUTATIONS FOR MUSCULOSKELETAL SYSTEM & CONN. TISSUE DISORDERS	14.3	36	2.1094	$5,453.62	$13,711.63
08	214	BACK & NECK PROCEDURES AGE)=70 AND/OR C.C.	15.6	33	1.8235	$4,714.72	$13,314.22
08	215	BACK & NECK PROCEDURES AGE (70 W/O C.C.	13.0	35	1.4765	$3,817.33	$13,314.22
08	216	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	11.3	33	1.5434	$3,990.23	$13,314.22
08	217	WND DEBRID & SKN GRFT EXC HAND,FOR MUSCSKELETAL & CONN.TISS.DIS	13.1	35	2.2567	$5,835.62	$14,682.12
08	218	LOWER EXTREM & HUMER PROC EXC HIP,FOOT,FEMUR AGE)=70 &/OR C.C.	10.9	33	1.4102	$3,645.92	$13,314.22
08	219	LOWER EXTREM & HUMER PROC EXC HIP,FOOT,FEMUR AGE 18-69 W/O C.C.	8.3	27	1.0678	$2,760.68	$13,314.22
08	220	LOWER EXTREM & HUMER PROC EXC HIP,FOOT,FEMUR AGE 0-17	5.3	25	.9242	$2,389.42	$13,314.22
08	221	KNEE PROCEDURES AGE)=70 AND/OR C.C.	8.3	30	1.2895	$3,333.30	$13,314.22
08	222	KNEE PROCEDURES AGE (70 W/O C.C.	6.4	24	.8794	$2,232.13	$13,314.22
08	223	UPPER EXTREMITY PROC EXC HUMERUS & HAND AGE)=70 AND/OR C.C.	6.9	29	1.0612	$2,743.61	$13,314.22
08	224	UPPER EXTREMITY PROC EXC HUMERUS & HAND AGE (70 W/O C.C.	5.5	24	.8685	$2,230.40	$13,314.22
08	225	FOOT PROCEDURES	4.8	18	.6406	$1,656.33	$13,314.22
08	226	SOFT TISSUE PROCEDURES AGE)=70 AND/OR C.C.	8.1	27	.7501	$2,042.72	$13,314.22
08	227	SOFT TISSUE PROCEDURES AGE (70 W/O C.C.	4.2	19	.6271	$1,621.30	$13,314.22
08	228	GANGLION (HAND) PROCEDURES	2.2	7	.3198	$827.64	$13,314.22
08	229	HAND PROCEDURES EXCEPT GANGLION	3.4	14	.5328	$1,324.69	$13,314.22
08	230	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES OF HIP & FEMUR	6.9	30	1.3456	$3,478.12	$13,314.22
08	231	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES EXCEPT HIP & FEMUR	5.3	27	.9460	$2,463.44	$13,314.22
08	232	ARTHROSCOPY	3.6	15	.8000	$1,851.23	$13,314.22
08	233	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC AGE)=70 &/OR C.C.	13.1	35	1.7553	$4,538.13	$13,314.22
08	234	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC AGE (70 W/O C.C.	6.2	30	1.2325	$3,186.49	$13,314.22
08	235	FRACTURES OF FEMUR	13.6	36	1.7403	$4,499.35	$13,314.22
08	236	FRACTURES OF HIP & PELVIS	11.9	34	1.3711	$3,544.63	$13,314.22
08	237	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH	6.4	28	.7847	$2,028.75	$13,314.22
08	238	OSTEOMYELITIS	12.3	34	1.5350	$3,968.57	$13,314.22
08	239	PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONN.TISS.MALIGNANCY	9.2	31	1.0865	$2,809.03	$13,314.22
08	240	CONNECTIVE TISSUE DISORDERS AGE)=70 AND/OR C.C.	8.6	31	.9606	$2,484.04	$13,314.22

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DRG RATE REPORT
04/16/85

RATES EFFECTIVE 10/01/84 ESTABLISHED 12/17/84

MDC	DRG	DRG DESCRIPTION	—DAYS— LOS	CC	WEIGHT	DRG RATE	O-RG THOLD
08 M	241	CONNECTIVE TISSUE DISORDERS AGE (70 W/O C.C.	8.0	30	.6354	$2,314.56	$13,314.22
08 M	242	SEPTIC ARTHRITIS	11.2	33	1.5715	$4,082.54	$13,3.4.22
08 M	243	MEDICAL BACK PROBLEMS	7.5	30	.7473	$1,932.06	$13,314.22
08 M	244	BONE DISEASES & SEPTIC ARTHROPATHY AGE)=70 AND/OR C.C.	7.5	30	.7711	$1,993.54	$13,314.22
08 M	245	BONE DISEASES & SEPTIC ARTHROPATHY AGE (70 W/O C.C.	6.3	28	.7102	$1,836.14	$13,314.22
08 M	246	NON-SPECIFIC ARTHROPATHIES	5.6	28	.7473	$1,932.65	$13,314.22
08 M	247	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE	5.8	27	.6491	$1,678.13	$13,314.22
08 M	248	TENDONITIS, MYOSITIS & BURSITIS	5.4	24	.6072	$1,569.85	$13,3.4.22
08 M	249	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	7.6	30	1.0097	$2,610.47	$13,314.22
08 M	250	FX,SPRNS,STRNS & DISL OF FOREARM,HAND,FOOT AGE)=70 &/OR C.C.	6.0	28	.7351	$1,900.54	$13,314.22
08 M	251	FX,SPRNS,STRNS & DISL OF FOREARM,HAND,FOOT AGE 18-69 W/O C.C.	4.2	26	.5302	$1,365.30	$13,314.22
08 M	252	FX,SPRNS,STRNS & DISL OF FOREARM,HAND,FOOT AGE 0-17	1.6	7	.3495	$903.83	$13,3.4.22
08 M	253	FX,SPRNS,STRNS & DISL OF UPARM,LOWLEG EX FOOT AGE)=70 &/OR C.C.	6.6	28	.7388	$1,910.05	$13,314.22
08 M	254	FX,SPRNS,STRNS & DISL OF UPARM,LOWLEG EX FOOT AGE 18-69 W/O C.C.	5.3	27	.6193	$1,601.13	$13,314.22
08 M	255	FX,SPRNS,STRNS & DISL OF UPARM,LOWLEG EX FOOT AGE 0-17	2.9	15	.4636	$1,198.10	$13,314.22
08 M	256	OTHER DIAGNOSES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	6.5	29	.8015	$2,227.57	$13,3.4.22
09 P	257	TOTAL MASTECTOMY FOR MALIGNANCY AGE)=70 AND/OR C.C.	9.3	23	1.0970	$2,836.17	$13,314.22
09 P	258	TOTAL MASTECTOMY FOR MALIGNANCY AGE (70 W/O C.C.	8.9	21	1.0618	$2,745.17	$13,3.4.22
09 P	259	SUBTOTAL MASTECTOMY FOR MALIGNANCY AGE)=70 AND/OR C.C.	7.4	29	1.0006	$2,584.70	$13,314.22
09 P	260	SUBTOTAL MASTECTOMY FOR MALIGNANCY AGE (70	6.4	27	.9229	$2,385.87	$13,3.4.22
09 P	261	BREAST PROC FOR NON-MALIG EXCEPT BIOPSY & LOC EXC	4.8	19	.7353	$1,870.18	$13,314.22
09 P	262	BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY	3.0	10	.4569	$1,181.25	$13,3.4.22
09 P	263	SKIN GRAFTS FOR SKIN ULCER OR CELLULITIS AGE)=70 AND/OR C.C.	21.3	43	2.4460	$6,323.03	$15,312.62
09 P	264	SKIN GRAFTS FOR SKIN ULCER OR CELLULITIS AGE (70 W/O C.C.	18.2	40	2.1302	$5,506.57	$14,171.25
09 P	265	SKIN GRAFTS EXCEPT FOR SKIN ULCER OR CELLULITIS WITH C.C.	8.6	31	1.4804	$3,827.41	$13,314.22
09 P	266	SKIN GRAFTS EXCEPT FOR SKIN ULCER OR CELLULITIS W/O C.C.	5.9	23	.9386	$2,426.85	$13,3.4.22
09 P	267	PERIANAL & PILONIDAL PROCEDURES	5.0	18	.6049	$1,563.30	$13,314.22
09 P	268	SKIN,SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES	3.0	15	.5332	$1,378.53	$13,3.4.22
09 P	269	OTHER SKIN, SUBCUT TISS & BREAST O.R. PROC AGE)=70 &/OR C.C.	5.7	28	.9844	$2,545.06	$13,314.22
09 P	270	OTHER SKIN, SUBCUT TISS & BREAST O.R. PROC AGE (70 W/O C.C.	4.5	27	.8039	$2,078.33	$13,3.4.22
09 M	271	SKIN ULCERS	12.1	34	1.3855	$3,581.33	$13,314.22
09 M	272	MAJOR SKIN DISORDERS AGE)=70 AND/OR C.C.	7.8	30	.8530	$2,205.34	$13,3.4.22
09 M	273	MAJOR SKIN DISORDERS AGE (70 W/O C.C.	7.3	29	.8200	$2,120.02	$13,314.22
09 M	274	MALIGNANT BREAST DISORDERS AGE)=70 AND/OR C.C.	7.5	30	1.0903	$2,818.15	$13,3.4.22
09 M	275	MALIGNANT BREAST DISORDERS AGE (70 W/O C.C.	6.4	28	.8320	$2,150.17	$13,314.22
09 M	276	NON-MALIGANT BREAST DISORDERS	4.2	22	.6003	$1,552.01	$13,3.4.22
09 M	277	CELLULITIS AGE)=70 AND/OR C.C.	8.3	30	.8771	$2,267.64	$13,314.22
09 M	278	CELLULITIS AGE 18-69 W/O C.C.	7.2	29	.8016	$2,071.41	$13,3.4.22
09 M	279	CELLULITIS AGE 0-17	4.2	13	.4733	$1,223.22	$13,314.22
09 M	280	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE)=70 &/OR C.C.	5.4	27	.8137	$1,526.65	$13,3.4.22
09 M	281	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE 18-69 W/O C.C.	4.2	23	.5321	$1,375.69	$13,314.22
09 M	282	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE 0-17	2.2	9	.3424	$885.24	$13,3.4.22
09 M	283	MINOR SKIN DISORDERS AGE)=70 AND/OR C.C.	5.3	27	.6333	$1,636.03	$13,314.22
09 M	284	MINOR SKIN DISORDERS AGE (70 W/O C.C.	4.4	24	.6305	$1,527.71	$13,3.4.22
10 P	285	AMPUTATIONS FOR ENDOCRINE,NUTRITIONAL & METABOLIC DISORDERS	24.0	45	2.8380	$7,332.16	$18,434.71
10 P	286	ADRENAL & PITUITARY PROCEDURES	15.1	38	2.8651	$7,402.40	$18,623.87
10 P	287	SKIN GRAFTS & WOUND DEBRIDE FOR ENDOC,NUTRIT & METAB DISORDERS	22.8	45	2.7851	$7,200.57	$18,104.65
10 P	288	O.R. PROCEDURES FOR OBESITY	10.0	24	1.5334	$4,015.64	$13,3.4.22

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DRG RATE REPORT
04/16/85

RATES EFFECTIVE 10/01/84 ESTABLISHED 12/17/84

MDC	DRG	DRG DESCRIPTION	—DAYS— VLOS	CC	WEIGHT	DRG RATE	CHRG THOLD
10 P	289	PARATHYROID PROCEDURES	3.3	29	1.3553	$3,514.32	$13,314.22
10 P	290	THYROID PROCEDURES	3.0	17	.8460	$2,167.24	$13,314.22
10 P	291	THYROGLOSSAL PROCEDURES	2.9	3	.4956	$1,255.98	$13,314.22
10 P	292	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC AGE)70 W/CR C.C.	10.2	33	2.0095	$5,195.80	$13,314.22
10 P	293	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC AGE (70 W/O C.C.	8.0	30	1.4796	$3,825.34	$13,314.22
10 M	294	DIABETES AGE)=36	7.7	30	.8003	$2,069.09	$13,314.22
10 M	295	DIABETES AGE 0-35	5.6	25	.7350	$1,908.02	$13,314.22
10 M	296	NUTRITIONAL & MISC. METABOLIC DISORDERS AGE)=70 AND/OR C.C.	7.3	29	.8266	$2,297.34	$13,314.22
10 M	297	NUTRITIONAL & MISC. METABOLIC DISORDERS AGE 18-69 W/O C.C.	6.0	23	.7841	$2,027.20	$13,314.22
10 M	298	NUTRITIONAL & MISC. METABOLIC DISORDERS AGE 0-17	5.4	25	.7460	$1,928.70	$13,314.22
10 M	299	INBORN ERRORS OF METABOLISM	6.8	29	.9309	$2,406.74	$13,314.22
10 M	300	ENDOCRINE DISORDERS AGE)=70 AND/OR C.C.	7.8	30	.9530	$2,463.78	$13,314.22
10 M	301	ENDOCRINE DISORDERS AGE (70 W/O C.C.	6.4	28	.8055	$2,083.31	$13,314.22
11 P	302	KIDNEY TRANSPLANT	24.1	45	4.1340	$10,617.27	$27,197.05
11 P	303	KIDNEY,URETER & MAJOR BLADDER PROCEDURE FOR NEOPLASM	16.2	38	2.5133	$6,497.66	$16,337.08
11 P	304	KIDNEY,URETER & MAJ BLDR PROC FOR NON-MALIG AGE)=70 &/CR C.C.	12.6	35	1.7765	$4,592.94	$13,314.22
11 P	305	KIDNEY,URETER & MAJ BLDR PROC FOR NON-MALIG AGE (70 W/O C.C.	11.9	34	1.6665	$4,308.52	$13,314.22
11 P	306	PROSTATECTOMY AGE)=70 AND/OR C.C.	8.6	30	1.1281	$2,916.53	$13,314.22
11 P	307	PROSTATECTOMY AGE (70 W/O C.C.	7.2	26	.9414	$2,433.89	$13,314.22
11 P	308	MINOR BLADDER PROCEDURES AGE)=70 AND/OR C.C.	7.1	33	1.0333	$2,671.44	$13,314.22
11 P	309	MINOR BLADDER PROCEDURES AGE (70 W/O C.C.	5.7	26	.9193	$2,376.75	$13,314.22
11 P	310	TRANSURETHRAL PROCEDURES AGE)=70 AND/OR C.C.	4.9	20	.6938	$1,809.60	$13,314.22
11 P	311	TRANSURETHRAL PROCEDURES AGE (70 W/O C.C.	4.1	15	.5910	$1,502.11	$13,314.22
11 P	312	URETHRAL PROCEDURES, AGE)=70 AND/OR C.C.	5.2	22	.7347	$1,899.49	$13,314.22
11 P	313	URETHRAL PROCEDURES, AGE 18-69 W/O C.C.	5.1	21	.6665	$1,764.53	$13,314.22
11 P	314	URETHRAL PROCEDURES, AGE 0-17	4.3	11	.4343	$1,117.65	$13,314.22
11 P	315	OTHER KIDNEY & URINARY TRACT O.R. PROCEDURES	9.5	42	2.4925	$6,388.52	$16,000.87
11 M	316	RENAL FAILURE	6.7	29	1.3.7a	$3,406.51	$13,314.22
11 M	317	ADMIT FOR RENAL DIALYSIS	1.2	3	.2660	$610.15	$13,314.22
11 M	318	KIDNEY & URINARY TRACT NEOPLASMS AGE)=70 AND/OR C.C.	5.5	28	.9047	$2,338.60	$13,314.22
11 M	319	KIDNEY & URINARY TRACT NEOPLASMS AGE (70 W/O C.C.	4.2	26	.7459	$2,001.65	$13,314.22
11 M	320	KIDNEY & URINARY TRACT INFECTIONS AGE)=70 AND/OR C.C.	7.0	29	.8039	$2,078.33	$13,314.22
11 M	321	KIDNEY & URINARY TRACT INFECTIONS AGE 18-69 W/O C.C.	5.5	23	.6732	$1,740.48	$13,314.22
11 M	322	KIDNEY & URINARY TRACT INFECTIONS AGE 0-17	3.7	13	.4506	$1,164.99	$13,314.22
11 M	323	URINARY STONES AGE)=70 AND/OR C.C.	4.9	26	.7057	$1,824.81	$13,314.22
11 M	324	URINARY STONES AGE (70 W/O C.C.	3.6	19	.5415	$1,399.99	$13,314.22
11 M	325	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE)=70 AND/OR C.C.	5.4	27	.7172	$1,854.24	$13,314.22
11 M	326	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE 18-69 W/O C.C.	4.3	21	.5814	$1,503.16	$13,314.22
11 M	327	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE 0-17	3.1	14	.4975	$1,286.23	$13,314.22
11 M	328	URETHRAL STRICTURE AGE)=70 AND/OR C.C.	4.8	22	.6440	$1,664.94	$13,314.22
11 M	329	URETHRAL STRICTURE AGE 18-69 W/O C.C.	3.3	17	.5271	$1,362.76	$13,314.22
11 M	330	URETHRAL STRICTURE AGE 0-17	1.6	5	.2765	$720.81	$13,314.22
11 M	331	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE)=70 AND/OR C.C.	6.3	23	.8826	$2,281.86	$13,314.22
11 M	332	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE 18-69 W/O C.C.	5.0	27	.7682	$1,985.10	$13,314.22
11 M	333	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE 0-17	3.2	18	.5093	$1,316.74	$13,314.22
12 P	334	MAJOR MALE PELVIC PROCEDURES WITH C.C.	12.7	30	1.5450	$3,994.43	$13,314.22
12 P	335	MAJOR MALE PELVIC PROCEDURES W/O C.C.	11.8	29	1.3449	$3,477.09	$13,314.22
12 P	336	TRANSURETHRAL PROSTATECTOMY AGE)=70 AND/OR C.C.	8.4	22	.9974	$2,578.67	$13,314.22

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MDC	DRG	DRG DESCRIPTION	---DAYS--- TLOS	LO	WEIGHT	DRG RATE	CHRG THOLD
12	P 337	TRANSURETHRAL PROSTATECTOMY AGE (70 W/O C.C.	7.2	17	.8403	$2,172.50	$13,314.22
12	P 338	TESTES PROCEDURES, FOR MALIGNANCY	6.3	11	.6975	$2,310.39	$13,314.22
12	P 339	TESTES PROCEDURES, NON-MALIGNANT AGE)=18	4.5	15	.6030	$1,558.99	$13,314.22
12	P 340	TESTES PROCEDURES, NON-MALIGNANT AGE 0-17	2.4	7	.4335	$1,120.77	$13,314.22
12	P 341	PENIS PROCEDURES	5.0	23	.5879	$2,524.11	$13,314.22
12	P 342	CIRCUMCISION AGE)=18	2.8	10	.4184	$1,081.73	$13,314.22
12	P 343	CIRCUMCISION AGE 0-17	1.7	4	.3059	$790.35	$13,314.22
12	P 344	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALIGNANCY	7.4	23	1.1988	$3,099.83	$13,314.22
12	P* 345	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXCEPT FOR MALIG	3.6	17	.6247	$2,100.17	$13,314.22
12	M 346	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, AGE)=70 AND/OR C.C.	5.5	23	.9237	$2,403.34	$13,314.22
12	M 347	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, AGE (70 W/O C.C.	3.7	13	.6016	$1,554.67	$13,314.22
12	M 348	BENIGN PROSTATIC HYPERTROPHY AGE)=70 AND/OR C.C.	3.3	23	.5772	$1,507.57	$13,314.22
12	P 349	BENIGN PROSTATIC HYPERTROPHY AGE (70 W/O C.C.	1.9	12	.4365	$1,750.36	$13,314.22
12	M 350	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM	5.2	20	.5036	$1,359.77	$13,314.22
12	M 351	STERILIZATION, MALE	1.3	3	.2827	$679.18	$13,314.22
12	P 352	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES	4.4	20	.6819	$1,633.71	$13,314.22
13	P 353	PELVIC EVISCERATION, RADICAL HYSTERECTOMY & VULVECTOMY	12.4	34	1.9178	$4,957.43	$13,314.22
13	P 354	NON-RADICAL HYSTERECTOMY AGE)=70 AND/OR C.C.	5.8	20	1.0993	$2,644.12	$13,314.22
13	P 355	NON-RADICAL HYSTERECTOMY AGE (70 W/O C.C.	3.8	17	1.0050	$2,399.32	$13,314.22
13	P 356	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	2.1	8	.6372	$2,134.49	$13,314.22
13	P 357	UTERUS & ADNEXA PROCEDURES, FOR MALIGNANCY	13.9	35	1.8389	$4,398.40	$13,314.22
13	P 358	UTERUS & ADNEXA PROC FOR NON-MALIGNANCY EXCEPT TUBAL INTERRUPT	9.0	30	1.0777	$2,766.27	$13,314.22
13	P 359	TUBAL INTERRUPTION FOR NON-MALIGNANCY	2.3	7	.4235	$1,054.91	$13,314.22
13	P 360	VAGINA, CERVIX & VULVA PROCEDURES	4.2	19	.5922	$1,531.33	$13,314.22
13	P 361	LAPAROSCOPY & ENDOSCOPY (FEMALE) EXCEPT TUBAL INTERRUPTION	2.6	10	.4813	$1,244.83	$13,314.22
13	P 362	LAPAROSCOPIC TUBAL INTERRUPTION	1.4	3	.3034	$759.92	$13,314.22
13	P 363	D&C,CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY	4.3	18	.6446	$1,667.06	$13,314.22
13	P 364	D&C,CONIZATION EXCEPT FOR MALIGNANCY	2.6	9	.3586	$1,060.54	$13,314.22
13	P 365	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES	12.7	35	1.7778	$4,596.30	$13,314.22
13	M 366	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM AGE)=70 AND/OR C.C.	5.2	27	.8356	$2,160.35	$13,314.22
13	M 367	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM AGE (70 W/O C.C.	3.5	24	.6726	$1,480.89	$13,314.22
13	P 368	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM	5.7	23	.7681	$2,086.37	$13,314.22
13	M 369	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	3.1	17	.6567	$1,760.36	$13,314.22
14	P 370	CESAREAN SECTION WITH C.C.	7.6	13	.9509	$2,526.01	$13,314.22
14	P 371	CESAREAN SECTION W/O C.C.	6.1	10	.7457	$1,927.52	$13,314.22
14	M 372	VAGINAL DELIVERY WITH COMPLICATING DIAGNOSES	3.8	9	.6478	$1,713.75	$13,314.22
14	M 373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	3.2	9	.4021	$1,063.53	$13,314.22
14	P 374	VAGINAL DELIVERY WITH STERILIZATION AND/OR D&C	3.8	7	.5431	$1,442.15	$13,314.22
14	P 375	VAGINAL DELIVERY WITH O.R. PROC EXCEPT STER. AND/OR D&C	4.4	15	.6617	$1,762.46	$13,314.22
14	M 376	POSTPARTUM DIAGNOSES W/O O.R. PROCEDURE	2.9	10	.4113	$1,093.83	$13,314.22
14	P 377	POSTPARTUM DIAGNOSES WITH O.R. PROCEDURE	2.2	8	.4712	$1,218.24	$13,314.22
14	M 378	ECTOPIC PREGNANCY	5.5	11	.8010	$2,070.90	$13,314.22
14	M 379	THREATENED ABORTION	2.2	6	.3136	$810.76	$13,314.22
14	M 380	ABORTION W/O D&C	1.5	4	.2677	$692.11	$13,314.22
14	M 381	ABORTION WITH D&C	1.4	4	.3565	$921.69	$13,314.22
14	M 382	FALSE LABOR	1.2	2	.1823	$471.32	$13,314.22
14	M 383	OTHER ANTEPARTUM DIAGNOSES WITH MEDICAL COMPLICATIONS	3.4	14	.4272	$1,104.48	$13,314.22
14	M 384	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS	2.2	9	.3211	$830.17	$13,314.22

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DRG RATE REPORT
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RATES EFFECTIVE 10/01/84 ESTABLISHED 12/17/84

MDC	DRG	DRG DESCRIPTION	DAYS MLOS	DAYS GC	WEIGHT	DRG RATE	CHRG THOLD
15	385	NEONATES, DIED OR TRANSFERRED	1.8	14	.6611	$1,760.91	$13,314.22
15	386	EXTREME IMMATURITY, NEONATE	17.5	40	3.6463	$9,431.50	$23,712.92
15	387	PREMATURITY WITH MAJOR PROBLEMS	13.3	35	1.8267	$4,722.73	$13,314.22
15	388	PREMATURITY W/O MAJOR PROBLEMS	8.6	31	1.1071	$2,891.55	$13,314.22
15	389	FULL TERM NEONATE WITH MAJOR PROBLEMS	4.7	16	.5405	$1,402.57	$13,314.22
15	390	NEONATES WITH OTHER SIGNIFICANT PROBLEMS	3.4	9	.3496	$901.37	$13,314.22
15	391	NORMAL NEWBORNS	3.1	7	.2215	$573.44	$13,314.22
16 P	392	SPLENECTOMY AGE)=18	15.4	36	2.7458	$7,098.56	$17,648.39
16 P	393	SPLENECTOMY AGE 0-17	9.1	31	1.5206	$3,931.34	$13,314.22
16 P	394	OTHER O.R. PROCEDURES OF THE BLOOD & BLOOD FORMING ORGANS	6.1	28	1.1030	$2,851.63	$13,314.22
16 M	395	RED BLOOD CELL DISORDERS AGE)=18	5.1	29	.7753	$2,005.74	$13,314.22
16 M	396	RED BLOOD CELL DISORDERS AGE 0-17	4.1	15	.6230	$1,610.70	$13,314.22
16 M	397	COAGULATION DISORDERS	5.7	29	.9761	$2,523.60	$13,314.22
16 M	398	RETICULOENDOTHELIAL & IMMUNITY DISORDERS AGE)=70 AND/OR C.C.	6.1	28	.8308	$2,277.21	$13,314.22
16 M	399	RETICULOENDOTHELIAL & IMMUNITY DISORDERS AGE (70 W/O C.C.	5.5	20	.6671	$2,104.23	$13,314.22
17 D	400	LYMPHOMA OR LEUKEMIA WITH MAJOR O.R. PROCEDURE	15.9	39	2.7978	$7,233.47	$18,126.47
17 D	401	LYMPHOMA OR LEUKEMIA WITH MINOR O.R. PROC AGE)=70 AND/OR C.C.	8.9	31	1.2260	$3,174.26	$13,314.22
17 D	402	LYMPHOMA OR LEUKEMIA WITH MINOR O.R. PROCEDURE AGE (70 W/O C.C.	7.1	23	1.1193	$2,893.12	$13,314.22
17 M	403	LYMPHOMA OR LEUKEMIA AGE)=70 AND/OR C.C.	7.1	33	1.1293	$2,937.24	$13,314.22
17 M	404	LYMPHOMA OR LEUKEMIA AGE 18-69 W/O C.C.	5.4	28	1.1660	$3,015.60	$13,314.22
17 M	405	LYMPHOMA OR LEUKEMIA AGE 0-17	4.9	27	1.0406	$2,690.87	$13,314.22
17 D	406	MYELOPROLIF DISORD OR POORLY DIFF NEOPLASM W MAJ O.R.PROC & C.C.	16.0	37	2.2433	$5,800.32	$14,543.31
17 D	407	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O C.C.	13.3	35	2.1144	$5,466.55	$13,744.13
17 D	408	MYELOPROLIF DISORD OR POORLY DIFF NEOPL WITH MINOR O.R.PROC	7.1	29	1.1271	$2,913.99	$13,314.22
17 M	409	RADIOTHERAPY	5.7	25	.8049	$2,080.99	$13,314.22
17 M	410	CHEMOTHERAPY	2.5	12	.3459	$902.30	$13,314.22
17 M	411	HISTORY OF MALIGNANCY W/O ENDOSCOPY	4.7	27	.7146	$1,847.52	$13,314.22
17 M	412	HISTORY OF MALIGNANCY WITH ENDOSCOPY	2.0	6	.3385	$859.94	$13,314.22
17 M	413	OTHER MYELOPROLIF DISORD OR POORLY DIFF NEOPL DX AGE)=70 &/OR C.C	7.3	23	1.0861	$2,807.99	$13,314.22
17 M	414	OTHER MYELOPROLIF DISORD OR POORLY DIFF NEOPL DX AGE(70 W/O C.C.	5.4	24	1.0451	$2,699.24	$13,314.22
18 D	415	O.R. PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES	15.1	37	2.9715	$7,682.48	$19,315.50
18 M	416	SEPTICEMIA AGE)=18	9.2	31	1.5343	$3,966.75	$13,314.22
18 M	417	SEPTICEMIA AGE 0-17	5.2	20	.7075	$1,828.34	$13,314.22
18 M	418	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS	8.4	30	.9664	$2,498.23	$13,314.22
18 M	419	FEVER OF UNKNOWN ORIGIN AGE)=70 AND/OR C.C.	8.3	29	.8833	$2,282.41	$13,314.22
18 M	420	FEVER OF UNKNOWN ORIGIN AGE 18-69 W/O C.C.	5.6	25	.7339	$1,896.84	$13,314.22
18 M	421	VIRAL ILLNESS AGE)=18	5.4	21	.6362	$1,644.33	$13,314.22
18 M	422	VIRAL ILLNESS & FEVER OF UNKNOWN ORIGIN AGE 0-17	3.8	17	.4318	$1,116.07	$13,314.22
18 M	423	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES	8.8	31	1.1881	$3,071.03	$13,314.22
19 D	424	O.R. PROCEDURES WITH PRINCIPAL DIAGNOSIS OF MENTAL ILLNESS	14.6	36	2.1710	$5,610.66	$14,112.05
19 M	425	ACUTE ADJUST REACT & DISTURBANCES OF PSYCHOSOCIAL DYSFUNCTION	6.8	24	.6741	$1,742.81	$13,314.22
19 M	426	DEPRESSIVE NEUROSES	9.4	31	.9396	$2,429.83	$13,314.22
19 M	427	NEUROSES EXCEPT DEPRESSIVE	6.9	29	.7559	$1,954.36	$13,314.22
19 M	428	DISORDERS OF PERSONALITY & IMPULSE CONTROL	6.3	30	.9640	$2,492.31	$13,314.22
19 M	429	ORGANIC DISTURBANCES & MENTAL RETARDATION	8.5	31	.9424	$2,436.47	$13,314.22
19 M	430	PSYCHOSES	10.8	33	1.0820	$2,797.39	$13,314.22
19 M	431	CHILDHOOD MENTAL DISORDERS	15.4	37	2.2265	$5,756.54	$14,485.61
19 M	432	OTHER DIAGNOSES OF MENTAL DISORDERS	7.2	29	1.0416	$2,692.54	$13,314.22

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MDC	DRG	DRG DESCRIPTION	---DAYS--- MLOS	CO	WEIGHT	DRG RATE	CHRG THOLD
20	433	SUBSTANCE USE & SUBST INDUCED ORGANIC MENTAL DISORDERS, LEFT AMA	2.5	17	.4411	$1,140.42	$13,314.22
20	434	DRUG DEPENDENCE	9.1	31	1.0235	$2,651.92	$13,314.22
20	435	DRUG USE EXCEPT DEPENDENCE	8.0	30	1.0626	$2,747.23	$13,314.22
20	436	ALCOHOL DEPENDENCE	8.1	30	.8751	$2,225.05	$13,314.22
20	437	ALCOHOL USE EXCEPT DEPENDENCE	3.5	26	.6119	$1,582.00	$13,314.22
20	438	ALCOHOL & SUBSTANCE INDUCED ORGANIC MENTAL SYNDROME	6.5	23	.8333	$2,154.40	$13,314.22
21 P	439	SKIN GRAFTS FOR INJURIES	8.3	31	1.8030	$4,661.46	$13,314.22
21 P	440	WOUND DEBRIDEMENTS FOR INJURIES	7.2	23	1.4533	$3,758.37	$13,314.22
21 P	441	HAND PROCEDURES FOR INJURIES	3.0	16	.7105	$1,836.92	$13,314.22
21 P	442	OTHER O.R. PROCEDURES FOR INJURIES AGE >=70 AND/OR C.C.	9.1	31	1.8823	$4,867.77	$13,314.22
21 P	443	OTHER O.R. PROCEDURES FOR INJURIES AGE <70 W/O C.C.	5.6	23	1.5053	$3,891.75	$13,314.22
21 M	444	MULTIPLE TRAUMA AGE >=70 AND/OR C.C.	6.7	23	.8735	$2,259.11	$13,314.22
21 M	445	MULTIPLE TRAUMA AGE 18-69 W/O C.C.	5.2	27	.7452	$1,926.63	$13,314.22
21 M	446	MULTIPLE TRAUMA AGE 0-17	2.4	10	.4735	$1,229.93	$13,314.22
21 M	447	ALLERGIC REACTIONS AGE >=18	3.7	19	.4735	$1,224.15	$13,314.22
21 M	448	ALLERGIC REACTIONS AGE 0-17	2.9	9	.3459	$895.67	$13,314.22
21 M	449	TOXIC EFFECTS OF DRUGS AGE >=70 AND/OR C.C.	5.6	23	.7255	$1,875.70	$13,314.22
21 M	450	TOXIC EFFECTS OF DRUGS AGE 18-69 W/O C.C.	3.9	23	.6282	$1,624.05	$13,314.22
21 M	451	TOXIC EFFECTS OF DRUGS AGE 0-17	2.1	6	.2882	$745.11	$13,314.22
21 M	452	COMPLICATIONS OF TREATMENT AGE >=70 AND/OR C.C.	5.5	22	.8414	$2,175.75	$13,314.22
21 M	453	COMPLICATIONS OF TREATMENT AGE <70 W/O C.C.	5.1	17	.6216	$1,607.72	$13,314.22
21 M	454	OTHER INJURIES, POISONINGS & TOXIC EFF DIAG AGE >=70 AND/OR C.C.	5.3	27	.8133	$2,104.25	$13,314.22
21 M	455	OTHER INJURIES, POISONINGS & TOXIC EFF DIAG AGE <70 W/O C.C.	3.5	22	.6121	$1,582.22	$13,314.22
22	456	BURNS, TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	11.6	24	2.0683	$5,347.84	$13,445.71
22	457	EXTENSIVE BURNS	12.6	25	6.7919	$17,559.45	$44,145.41
22 P	458	NON-EXTENSIVE BURNS WITH SKIN GRAFTS	18.3	40	2.8275	$7,310.19	$16,375.45
22 P	459	NON-EXTENSIVE BURNS WITH WOUND DEBRIDEMENT & OTHER O.R. PROC	12.7	35	2.7282	$7,053.46	$17,733.93
22 M	460	NON-EXTENSIVE BURNS W/O O.R. PROCEDURE	9.0	31	1.4077	$3,639.45	$13,314.22
23 P	461	O.R. PROC WITH DIAGNOSES OF OTHER CONTACT WITH HEALTH SERVICES	8.0	30	1.6335	$4,223.25	$13,314.22
23 M	462	REHABILITATION	13.5	35	1.8076	$4,673.67	$13,314.22
23 M	463	SIGNS & SYMPTOMS WITH C.C.	6.3	28	.7622	$1,970.59	$13,314.22
23 M	464	SIGNS & SYMPTOMS W/O C.C.	6.0	23	.7245	$1,873.37	$13,314.22
23 M	465	AFTERCARE WITH HISTORY OF MALIGNANCY AS SECONDARY DX	1.5	4	.2049	$529.75	$13,314.22
23 M	466	AFTERCARE W/O HISTORY OF MALIGNANCY AS SECONDARY DX	3.7	15	.6311	$1,631.64	$13,314.22
23 M	467	OTHER FACTORS INFLUENCING HEALTH STATUS	5.1	28	.8537	$2,207.05	$13,314.22
**	468	UNRELATED OR PROC	11.2	33	2.0910	$5,382.25	$13,314.22

	A	B	D
1	DRG's OF MDC #7	QTY	NOUN NOMENCLATURE
2	191	0	MAJOR PANCREAS, LIVER, & SHUNT PROCEDURES
3	192	1	MINOR PANCREAS, LIVER, & SHUNT PROCEDURES
4	193	0	BILIARY TRACT PROC EXC TOT CHOLECYSTECTOMY GT=70 &/OR C.C.
5	194	1	BILIARY TRACT PROC EXC TOT CHOLECYSTECTOMY LT=70 W/O C.C.
6	195	0	TOTAL CHOLECYSTECTOMY WITH C.D.E. AGE GT=70 AND/OR C.C.
7	196	0	TOTAL CHOLECYSTECTOMY WITH C.D.E. AGE LT=70 W/O C.C.
8	197	13	TOTAL CHOLECYSTECTOMY W/O C.D.E. AGE GT=70 AND/OR C.C.
9	198	15	TOTAL CHOLECYSTECTOMY W/O C.D.E. AGE LT=70 W/O C.C.
10	199	1	HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY
11	200	2	HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY
12	201	0	OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES
13	202	9	CIRRHOSIS & ALCOHOLIC HEPATITIS
14	203	3	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS
15	204	13	DISORDERS OF PANCREAS EXCEPT MALIGNANCY
16	205	7	DISORDERS OF LIVER EXC MALIG, CIRR, ALC HEPA AGE GT=70 AND/OR C.C.
17	206	6	DISORDERS OF LIVER EXC MALIG, CIRR, ALC HEPA AGE LT=70 W/O C.C.
18	207	5	DISORDERS OF THE BILIARY TRACT AGE GT=70 AND/OR C.C.
19	208	17	DISORDERS OF THE BILIARY TRACT AGE LT=70 W/O C.C.
20	468	1	UNRELATED OR PROC
21		94	
22			
23	C.C. = CHRONIC CHOLECYSTITIS		
24	C.D.E. = COMMON DUCT EXPLORATION		

HSHN-H

MAY 1 3 1985

MEMORANDUM FOR CPT Cornell

SUBJECT: Selected IPDS/DRG Data for Ft. Lee for FY 84

1. We have prepared the attached data for your facility using a recoded and reconfigured IPDS data base.

2. Enclosure one is the output from the Health Systems International Grouper program. This set of tables displays the frequency by DRG, MDC and return code (RTC) produced by the DRG GROUPER program. Enclosure five is a listing of the data element definitions for the fields used by GROUPER program. Your recoded IPDS data have been grouped using release 2 of the ICD-9-CM GROUPER which became effective as the official version for DRG assignment on 1 June 1983.

3. Enclosure two, the Case Mix Summary data for your MTF, contains a variety of summary/descriptive data to help make the DRG data meaningful and introduce the concept of case mix measures. The following definitions may be helpful in explaining this new concept. Case mix is defined as the relative proportion of cases that fall into mutually exclusive case types (e.g. DRGs). Case mix measures are calculated by application of a set of weights to the number of patients falling into each case type within a hospital. Each case type (e.g. DRG) receives a distinct weight, constant for all hospitals, that represents the relative hospital resource utilization of an average or ideal case that falls into that case type. These case mix measures employ a specific set of ative weights. In this case the weights employed were those published by th Care Financing Administration (HCFA). The products of the number of s in each DRG times the relative weight (relative weight products) are resulting total is then divided by the total patient dispositions, the case mix index.

The dimension of complexity that is estimated in any given case mix measure is determined by the set of weights used to estimate the relative expected patient resource consumption. Without validation of the HCFA weights for AMEDD data, they should be considered preliminary and subject to revision. Case mix indexes are a special type of case mix measure that employ a base case mix for comparison purposes. Since we have used HCFA weights for this purpose, it is important to understand what the case mix index figure represents in relative terms. When the hospital under study has a more complex, i.e., more costly or more resource intensive, case mix than the base case mix, the calculated case mix index will be greater than 1.00. A hospital whose case mix is less complex than the base case mix will have a calculated case mix index of less than 1.00. A case mix index, then, results in a standard of 1.00 against which any given hospital's case mix complexity may be assessed. Thus a case mix value of 1.1 indicates an estimated 10 percent more complex mix of patients. Because of the AMEDD requirement to treat a relatively healthy population as first priority coupled with the inherent "domiciliary" responsibilities that accompany management of our younger enlisted soldiers, most AMEDD MTF case mix indexes appear to be lower than the

expected base case mix of 1.00, reportedly the average case mix for civilian hospitals treating Medicare patients.

There are two case mix index figures provided in this section of the report, the unadjusted and the adjusted. The adjusted case mix is the more valuable of the two indexes in that patient records assigned to DRGs 469 and 470 have been eliminated. The titles for DRGs 469 and 470 are; " Primary diagnosis invalid as a discharge diagnosis" and "Ungroupable", respectively. These were eliminated because the relative weight value for each is 0.0. Civilian hospitals with data in those specific DRGs would review the records in order to have them reassigned to more definitive DRGs. Therefore, we have computed the adjusted case mix without using the records assigned to DRGs 469 or 470.

The number of non-empty DRG cells (adjusted) is a descriptive statistic that shows the number of different groups or data cells used to classify your MTF's data. The maximum number of DRG cells available in the DRG schema is 470, as described in section II above.

The total count adjusted for DRG cells 469 and 470 reveals the number of Individual Patient Data System dispositions assigned to DRGs 1-468. This count states the number of records included in the calculation of the "adjusted" case mix index.

The next portion of case mix summary table describes the MTF workload in terms of relative weight quartiles by reporting the count and percent of workload developed by quartile. The table displays the HCFA established relative weights sorted and arranged by quartiles with the 1st quartile reflecting the DRGs with the lowest relative weight value through DRGs with a relative weight value of 0.6291. The column titled relative weight ranges delineates the range of weights included in each quartile. The term "LT" means less than while "GT" means greater than. The next column in this module is entitled count and displays the number of patients assigned to DRGs that fell within the aforementioned relative weight range. The percent workload column reveals the overall percent of patients assigned to the respective quartiles. This may be used to explain the high or low value of the case mix index by displaying the concentration of dispositions in DRGs with low or high value relative weights. As an example, if 60 percent of a hospitals' data fell into the first quartile, it would seem reasonable to expect a fairly low case mix index which may be further interpreted to mean a relatively low case complexity and low cost per patient. Conversely, a higher case mix index would result if the MTF had a relatively even distribution of data across each of the relative weight quartiles.

The patient category data describes an MTF in terms of four general beneficiary categories using IPDS data. This adds to the interpretation of the case mix index by alluding to the types of diseases or injuries one could anticipate based upon the activity level or demographic features frequently associated with a given segment of the MTF catchment area population.

Lastly, age and sex data are displayed as categories with the respective percent of data attributed to each age/sex cell. This further facilitates explanation of the case mix index, in that, generally, the younger the population represented in the inpatient data the lower the complexity of the diseases and injuries treated. Conversely, the greater the percentage of

patients in the older age cells the higher the case mix index because of the presence of complicating and/or comorbid conditions and the higher relative weights associated with older Medicare patients in the HCFA Prospective Payment System.

4. Enclosure three is a record listing for the data from your facility for Major Diagnostic Category # 7 (only). The data elements displayed are:

Register Number	(7 digits)	(column 1)
DRG	(3 digits)	(column 2)
IPDS Clinic Svc	(2 digits)	(column 3)
FMP	(2 digits)	(column 4)
SSN	(9 digits)	(column 5)
Bed Days	(3 digits)	(column 6)

5. Enclosure four is a listing of the MDC # 7 records in a modified record format that allows you to see the recoded ICD-9-CM diagnoses and procedures and the MDC/DRG assignment.

6. The inpatient data used for this report were retrieved from the AMEDD Performance Measurement Study (PMS) data base for FY 84 (1 Oct 83-30 Sep 84). The IPDS data used in this study were converted from the International Classification of Diseases, Ninth Revision (ICD-9), 1977 and the International Classification of Procedures in Medicine,(ICPM), 1978 to the International Classification of Diseases, Ninth Revision with Clinical Modification (ICD-9-CM), 1979. This conversion was required in order to employ the Health Systems International Grouper Program, which assigns a DRG value to each record.

These data are still considered preliminary, because much work and research remain to be done to further refine the crossover between ICD-9 and ICD-9-CM. The refinement of the crossover will be completed within the next year. Moreover, The data in these reports are not intended to be used for external comparisons with civilian facilities.

7. Questions or comments concerning the data in these reports or the methods used to apply DRGs to AMEDD data should be addressed to either MAJ Stuart Baker or Mrs. Velda Austin, AMEDD Performance Measurement Study, Health Care Studies and Clinical Investigation Activity, Fort Sam Houston, TX 78234-6060, AV 471-5880/4880.

8. We hope these data will be useful for your research and would appreciate any input you have to our research project.

Enclosure
as

STUART W. BAKER
Major, Medical Service
Principal Investigator
AMEDD Performance Measurement Study

COUNTS BY DRG

1	0	61	0	121	3	181	7	241	3	301	4	361	2	421	27								
2	0	62	0	122	19	182	26	242	0	302	0	362	5	422	1								
3	0	63	1	123	5	183	268	243	143	303	0	363	2	423	3								
4	2	64	2	124	0	184	21	244	0	304	0	364	80	424	1								
5	0	65	8	125	0	185	10	245	1	305	0	365	2	425	9								
6	12	66	2	126	0	186	0	246	1	306	0	366	4	426	27								
7	0	67	0	127	21	187	5	247	3	307	0	367	1	427	28								
8	0	68	21	128	12	188	3	248	19	308	0	368	29	428	31								
9	3	69	584	129	2	189	54	249	7	309	0	369	62	429	2								
10	0	70	24	130	6	190	5	250	2	310	0	370	0	430	22								
11	2	71	0	131	1	191	0	251	14	311	0	371	0	431	0								
12	1	72	6	132	23	192	1	252	7	312	0	372	7	432	2								
13	4	73	1	133	8	193	0	253	4	313	0	373	39	433	1								
14	13	74	0	134	30	194	1	254	46	314	0	374	0	434	1								
15	7	75	0	135	2	195	0	255	5	315	0	375	0	435	1								
16	0	76	0	136	3	195	0	256	11	316	1	376	2	436	0								
17	1	77	0	137	1	197	13	257	0	317	0	377	0	437	22								
18	2	78	1	138	12	198	15	258	4	318	2	378	6	438	60								
19	7	79	0	139	12	199	1	259	0	319	0	379	5	439	0								
20	31	80	0	140	31	200	2	260	4	320	8	380	5	440	0								
21	0	81	0	141	1	201	0	261	0	321	23	381	15	441	0								
22	0	82	8	142	13	202	9	262	23	322	1	382	0	442	1								
23	0	83	1	143	30	203	3	263	0	323	2	383	15	443	6								
24	2	84	0	144	6	204	13	264	0	324	31	384	3	444	6								
25	30	85	3	145	2	205	7	265	8	325	4	385	8	445	25								
26	8	86	1	146	8	206	6	266	0	326	2	386	8	446	5								
27	8	87	6	147	8	207	5	267	0	327	0	387	8	447	4								
28	23	88	31	148	3	208	17	268	3	328	9	388	8	448	0								
29	2	89	2	149	3	209	1	269	0	329	0	389	0	449	0								
30	2	90	25	150	0	210	0	270	54	330	0	390	0	450	42								
31	2	91	2	151	1	211	0	271	1	331	5	391	0	451	8								
32	18	92	4	152	2	212	0	272	0	332	7	392	1	452	1								
33	1	93	3	153	0	213	0	273	1	333	0	393	0	453	3								
34	1	94	0	154	2	214	0	274	0	334	0	394	4	454	2								
35	3	95	4	155	1	215	1	275	1	335	0	395	17	455	20								
36	0	96	14	156	0	216	0	276	11	336	0	396	0	456	0								
37	0	97	54	157	4	217	1	277	3	337	0	397	2	457	0								
38	0	98	1	158	46	218	0	278	25	338	0	398	0	458	0								
39	0	99	1	159	0	219	3	279	3	339	4	399	0	459	1								
40	0	100	2	160	9	220	0	280	12	340	1	400	0	460	5								
41	0	101	0	161	4	221	0	281	52	341	0	401	0	461	2								
42	0	102	5	162	43	222	31	282	5	342	5	402	0	462	0								
43	1	103	0	163	12	223	0	283	0	343	7	403	10	463	0								
44	0	104	0	164	0	224	3	284	44	344	0	404	3	464	3								
45	0	105	0	165	7	225	6	285	0	345	0	405	0	465	2								
46	1	106	0	166	1	226	0	286	0	346	0	406	0	466	7								
47	10	107	0	167	16	227	12	287	1	347	0	407	0	467	13								
48	1	108	1	168	0	228	6	288	0	348	0	408	0	468	47								
49	0	109	0	169	19	229	14	289	0	349	2	409	0	469	0								
50	0	110	0	170	4	230	0	290	2	350	18	410	0	470	35								
51	0	111	0	171	23	231	5	291	0	351	15	411	0	471	0								
52	0	112	0	172	2	232	0	292	1	352	5	412	0	472	0								
53	0	113	0	173	3	233	1	293	0	353	1	413	1	473	0								
54	0	114	0	174	2	234	51	294	28	354	4	414	1	474	0								
55	0	115	0	175	7	235	6	295	5	355	27	415	4	475	0								
56	0	116	2	176	0	236	7	296	7	356	9	416	3	476	0								
57	0	117	0	177	0	237	2	297	10	357	0	417	0	477	0								
58	0	118	0	178	3	238	5	298	0	358	18	418	8	478	0								
59	0	119	7	179	4	239	0	299	0	359	24	419	0	479	0								

60	0	1:30	1	100	2	240	1	300	3	360	9	420	2	480	0	

96

COUNTS BY NDC

0	0
1	178
2	13
3	453
4	172
5	258
6	627
7	94
8	431
9	247
10	65
11	90
12	58
13	281
14	97
15	0
16	24
17	15
18	48
19	122
20	85
21	130
22	6
23	27
24	35

COUNTS BY RTC

0	3721
1	35
2	0
3	0
4	0
5	0
6	0
7	0
8	0

TOTAL RECORDS PROCESSED 3756

CASE MIX SUMMARY FOR FT LEE, VA

PERIOD OF REPORT: FY84

CASE MIX (UNADJUSTED)	0.7539
NUMBER OF NON-EMPTY DRG CELLS (UNADJUSTED)	281
TOTAL COUNT ADJUSTED FOR DRG CELLS 469 AND 470	3721
CASE MIX INDEX (ADJUSTED)	0.7610

QUARTILE	RELATIVE WEIGHT RANGES	COUNT	PERCENT WORKLOAD
1ST	LT 0.6291	1829	49.2
2ND	0.6291-0.8958	1063	28.6
3RD	0.8958-1.3637	666	17.9
4TH	GT 1.3637	198	5.3

ACTIVE DUTY MILITARY	1636	43.6
DEPENDENTS ACTIVE DUTY MILITARY	425	11.3
RETIRED MILITARY, DEPENDENTS RETIRED/DECEASED MILITARY	1173	31.2
ALL OTHER TYPE BENEFICIARIES	522	13.9

	MALE		FEMALE		TOTAL	
	COUNT	PERCENT	COUNT	PERCENT		
AGE 0-17	622	16.6	267	7.1	889	23.7
AGE 18-34	787	21.0	614	16.3	1401	37.3
AGE 35-49	367	9.8	303	8.1	670	17.8
AGE 50-64	292	7.8	261	6.9	553	14.7
AGE GT 64	116	3.1	127	3.4	243	6.5
TOTAL	2184	58.1	1572	41.9	3756	

NOTE: DATA EXCLUDE CRD, ABSENT SICK CASES, AND RECORDS WITH CLINICAL DATA MISSING.

SOURCE: INDIVIDUAL PATIENT DATA SYSTEM (IPDS)

PREPARED BY:
DEPARTMENT OF THE ARMY
US ARMY HEALTH CARE STUDIES AND
CLINICAL INVESTIGATION ACTIVITY
AMEDD PERFORMANCE MEASUREMENT STUDY (INPATIENT AREA)
FT SAM HOUSTON, TX 78234
DATE PREPARED: 07 MAY 85

Reg Nr	DRG	SVC	Fmp	SSN	Bed Days
0320126	192	AA	30	566015186	006
0320897	194	BA	30	223607293	010
0320221	197	BA	02	251643520	022
0320475	197	BA	30	168013661	030
0320965	197	BA	20	414506814	015
0321015	197	AA	30	586055244	014
0322003	197	AA	30	765129927	006
0322071	197	AA	30	275056742	007
0322312	197	AA	30	224446401	014
0322363	197	BA	30	226921434	010
0322646	197	AA	30	227039265	060
0323026	197	BA	20	264312143	014
0323087	197	BA	30	72d01710d	010
0323156	197	BA	20	351121984	018
0323660	197	BA	30	409823591	007
0319954	198	AA	30	228700250	007
0319965	198	BA	20	034222062	007
0320204	198	BA	20	72801710b	009
0321043	198	BA	30	215567666	009
0321330	198	BA	30	410506980	006
0321502	198	BA	30	046600303	006
0321599	198	BA	20	236288665	007
0323068	198	BA	30	031241383	007
0323140	198	BA	03	312349189	006
0323203	198	AA	30	234406977	006
0323322	198	BA	30	374442828	009
0323438	198	BA	30	407444525	006
0323547	198	BA	30	223209265	008
0323646	198	BA	20	235550548	007
0323647	198	BA	30	171034319	008
0323459	199	AA	30	224528122	027
0320198	200	AA	30	229181167	007
0321446	200	AA	20	412720715	014
0320342	202	AA	20	227700403	008
0320565	202	AA	20	229326448	008
0320918	202	AA	20	341345061	002
0321195	202	AA	30	228660266	002
0321270	202	AA	30	444140876	015
0321456	202	BA	20	224427197	012
0322134	202	AA	20	245605998	006
0322677	202	AA	30	444140876	029
0323047	202	AA	30	234609623	004
0320132	203	AA	30	247202566	026
0321028	203	AA	20	425744130	001
0321216	203	AA	20	429744130	004
0315939	204	AA	20	224056598	019
0319964	204	AA	20	267028849	015
0320330	204	AA	30	430054352	023
0320470	204	AA	20	267028849	015
0320846	204	AA	30	266086265	004
0320860	204	AA	20	463605495	014
0320916	204	AA	20	264506201	013
0321983	204	BA	20	412720715	009
0322104	204	AA	20	414542450	004
0322455	204	AA	20	412720715	014
0322708	204	AA	30	031241383	009
0323261	204	AA	20	414542490	003
0323485	204	BA	20	416669326	007
0319134	205	AA	20	545120672	076
0319996	205	AA	20	229328448	006

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0320693 265 AA 20 2293284468 007
0320634 265 AA 30 555206065 010
0322646 265 AA 20 613106928 006
0322938 265 CA 30 264524881 017
0323618 265 AA 20 351121964 007
0320663 266 AA 20 237049473 013
0321517 266 AA 30 286386613 007
0321793 266 AA 20 326422220 005
0323136 266 AA 30 606261563 006
0323225 266 AA 20 345622939 004
0323585 266 AA 30 162304598 009
0320653 267 AA 30 229161167 006
0321428 267 BA 30 048600303 004
0321795 267 BA 30 279098742 009
0322494 267 BA 30 220109840 011
0322535 267 AA 20 229095683 025
0315947 268 BA 30 228385769 001
0320019 268 AA 30 586015186 002
0320259 268 AA 30 408429967 005
0320446 268 BA 30 320225603 004
0320537 268 BA 30 276189745 008
0320679 268 AA 30 316522541 002
0320769 268 AA 30 364286678 003
0321035 268 AA 20 247327701 009
0321071 268 BA 30 420526119 015
0321327 268 BA 20 384309896 003
0321433 268 BA 20 236288665 001
0321727 268 BA 30 227010528 016
0322724 268 AA 30 461947356 002
0322781 268 BA 30 229367158 005
0322811 268 AA 30 484011461 006
0323165 268 BA 03 231569456 007
0323706 268 BA 30 294403361 002
0321374 468 FA 30 264524881 030
```

INDIVIDUAL PATIENT DATA SYSTEM

1 RPTG MTF	2 REG NUMBER	3 GRADE	4 SEX	5 AGE	6 RACE	7 LENGTH SERVICE	8 FMP	9 SSN	10 PATIENT CATEGORY	11 UIC/ZIP CODE	12 TYPE CASE	13 ADM SOURCE
1081	0320126		F	37	X		30	586015186	A50	23801	D	1

14 CLINIC SVC	15 DSPN TYPE	16 DSPN DATE	17 THIS ADM DATE	18 INIT ADM DATE	19 ABS SK BED DAYS THIS MTF	20 OTHER DAYS THIS MTF	21 CONV/COOP CARE DAYS THIS MTF	22 SUPPLEMENTAL CARE DAYS THIS MTF
AA	0	84024	84018		000	000	000	000

23 BED DAYS THIS MTF	24 SICK DAYS THIS MTF	25 TRANSFER TO VA/AUTOPSY	26 STATE/COUNTRY OF TOCE OPERATION	27 MTF OF INIT ADM	28 TOTAL ABS SK BED DAYS	29 TOTAL OTH DAYS	30 TOTAL CONV/ COOP CARE DAYS
006	006				000	000	000

31 TOTAL SUPPLEMENTAL CARE DAYS	32 TOTAL BED DAYS	33 TOTAL SICK DAYS	34 PREOP DAYS	35 CAUSE OF INJURY	36 UNDERLYING CAUSE	37 CORRECTED RECORD
000	006	006	01			

38 DG 1	39 DG 2	40 DG 3	41 DG 4	42 DG 5	43 DG 6	44 DG 7	45 DG 8
5741	0						

46 OP 1	47 OP 2	48 OP 3	49 OP 4	50 OP 5	51 OP 6	52 OP 7	53 OP 8
552201							

54 RESIDUAL DISABILITY	55 POST/PREOP DAYS = 000 AFTER 77365	56 TOT QTR/DISP DAYS TO DATE = 000 AFTER 7423	57 TOT QTR/DISP DAYS THIS MTF = 00 AFTER 74243	58 ORIGINAL PROCESS DATE	59 RECORD ID
	000	00	00	840309	2

60 TOT DG FLD CODED THIS RECORD	61 TOT OP FLD CODED THIS RECORD	62 RECODED DRG AGE	63 RECODED DRG SEX	64 RECODED DRG DSPO	81 DRG GROUP	82 MDC GROUP	83 RETURN CODE
1	1	037	2	01	192	07	0

65 RECODED CM DG 1	66 RECODED CM DG 2	67 RECODED CM DG 3	68 RECODED CM DG 4	69 RECODED CM DG 5	70 RECODED CM DG 6	71 RECODED CM DG 7	72 RECODED CM DG 8	85 DRG PRIM DG	86 DRG SEC DG
57410									

73 RECODED CM OP 1	74 RECODED CM OP 2	75 RECODED CM OP 3	76 RECODED CM OP 4	77 RECODED CM OP 5	78 RECODED CM OP 6	79 RECODED CM OP 7	80 RECODED CM OP 8	84 DRG PRIM OP
523								523

Chapter 1

INTRODUCTION

The purpose of this manual is to provide technical personnel with the detail necessary to install and understand the ICD-9-CM grouper so they may then debug, support and, if necessary, rewrite it. The first four chapters deal with the installation, testing and running of the grouper. Chapters 5 and 6 provide detailed information on the logic of the Executor and the construction of the tables.

The grouper, as it is currently written, may be implemented either as a set of subroutines to be called from a program written in a higher level language (e.g., COBOL) or as a utility program with all parameters passed through a job's SYSIN input stream. In preparing this manual, we made the following assumptions:

1. The reader is familiar with IBM OS Assembler.

2. The reader is familiar with IBM OS Job Control Language.

3. The reader is familiar with the ICD-9-CM coding scheme from a computer standpoint (e.g., diagnosis codes are five character alphanumerics which are usually left-justified in a five byte field and padded on the right with either blanks or zeroes).

4. For example purposes, the datasets required by the grouper are to be copied to disk and cataloged under the Userid GROUPER.

5. Volume serial numbers on the sample JCL will be replaced with the volume serial number of the transfer tape received by your installation. This number will be clearly indicated on the outside of the tape you receive.

Minimally, the ICD-9-CM grouper consists of three tables and two Assembler programs. The tables required by the grouper contain information for all valid diagnosis and procedure codes in the coding scheme. These tables were prepared from the CPHA ICD-9-CM codes and abbreviated description tape (December 1979 revision).

The grouper executor is contained in two Assembler programs. The data formats required by the executor are shown in Figure 1.1. The grouper may be implemented as a utility program if these data requirements are met (see Chapter 3). Whenever these requirements are not met, the grouper will have to be implemented as a subroutine to a higher level language program which recodes the information as necessary (see Chapter 4).

FIELD NAME	LENGTH IN BYTES	CODING
Diagnosis	5	Left-justified, padded with either blanks or zeroes, up to 15 accepted.
Procedure	4	Left-justified, padded with either blanks or zeroes, up to 15 accepted.
AGE	3	0 (zero) through 124, right justified.
Sex	1	1 through 2 1-male 2-female
Discharge Status	2	00 (zero) through 20 00-invalid 01-home, self-care 02-short term hosp. 03-SNF 04-ICF 05-other facility 06-home health service 07-against medical advice 20-died

Figure 1.1: Required Field Coding

The information returned by the Grouper is shown in Figure 1.2. The DRG and MDC numbers are simply the Diagnosis Related Group and Major Diagnostic Category numbers which have been assigned to the patient record. The Grouper return code indicates whether or not the grouping process was successful for a given record. It should be mentioned that return codes 3, 4 and 5 (invalid age, sex and discharge sta-

tus, respectively) will occur only for those DRGs for which they are part of grouping criteria (i.e., the Grouper does not perform an automatic edit check of these fields). We should also note here that the discharge status codes are those used for the UB-82 form.

Diagnosis (ADX and SDX) and procedure (MPR) codes will be returned by the Grouper whenever the grouping criteria involves a search of the patient's record for a particular set of codes. If the grouping criteria does not require any searching of the patient's diagnosis or procedure codes then the fields returned by Grouper will contain blanks. The version number (VCC) returned is for identification purposes. When users call HSI with potential problems, this identification number must be provided. Essentially, it tells the support staff at HSI which version of the grouper is installed, and aids in clearing up problems. When testing a grouping program, the programmer should use these fields to verify the correct grouping of input records.

FIELD NAME	LENGTH IN BYTES	DESCRIPTION
DRG	3	DRG number (1-470)
MDC	2	MDC number (0-24)
RTC	1	Grouper return code 0-record grouped 1-invalid principal dx 2-record does not meet criteria for any DRG in MDC as indicated by principal dx 3-invalid age, not 0-124 4-invalid sex, not 1 or 2 5-invalid discharge status 6,7,8,9- unused at present
MPR	4	ICD-9-CM procedure code used by Grouper
ADX	5	ICD-9-CM diagnosis code used by Grouper to satisfy "any diagnosis" grouping criteria
SDX	5	ICD-9-CM diagnosis code used by Grouper to satisfy "secondary diagnosis" grouping criteria
VCC	9	Version identification returned by Grouper.

Figure 1.2: Information Returned by the ICD-9-CM Grouper

APPENDIX L

	A	B	C	D	E	F	G	H	I
1	NAME	REG	NO	DRG	SVC	FMP	SSN	LOS	REMARKS
2		32	126	192	AA	30	586015186	6	A2,79
3		32	897	194	BA	30	223607293	10	
4		32	221	197	BA	2	251643520	22	
5		32	875	197	BA	30	168013601	30	
6		32	965	197	BA	20	414508814	15	
7		32	1015	197	AA	30	586055244	14	
8		32	2003	197	AA	30	709129927	8	
9		32	2071	197	AA	30	279098742	7	A9,75
10		32	2312	197	AA	30	224440401	14	
11		32	2383	197	BA	30	226921434	10	
12		32	2848	197	AA	30	227039205	60	
13		32	3026	197	BA	20	264312143	14	
14		32	3087	197	BA	30	728017108	10	
15		32	3156	197	BA	20	351121984	18	A15,66
16		32	3680	197	BA	30	409823591	7	
17		31	9954	198	AA	30	228700290	7	
18		31	9985	198	BA	20	34222062	7	
19		32	204	198	BA	20	728017108	9	
20		32	1043	198	BA	30	215387666	9	
21		32	1330	198	BA	30	410506980	6	
22		32	1502	198	BA	30	48600303	6	A22,74
23		32	1599	198	BA	20	236288665	7	A23,88
24		32	3088	198	BA	30	31241383	7	A24,57
25		32	3140	198	BA	3	312349189	6	
26		32	3203	198	AA	30	234408977	8	
27		32	3322	198	BA	30	374442828	9	
28		32	3438	198	BA	30	407444525	6	
29		32	3547	198	BA	30	223209285	8	
30		32	3646	198	BA	20	235550548	7	
31		32	3647	198	BA	30	171034319	8	
32		32	3459	199	AA	30	224528122	27	
33		32	198	200	AA	30	229181187	7	A33,73
34		32	1446	200	AA	20	412720715	14	A34,54,56
35		32	342	202	AA	20	227700403	8	
36		32	565	202	AA	20	229328448	8	A36,61,62
37		32	918	202	AA	20	341345081	2	
38		32	1195	202	AA	30	228660266	2	
39		32	1270	202	AA	30	444140876	15	A39, A42
40		32	1456	202	BA	20	224427197	12	
41		32	2134	202	AA	20	245605998	6	
42		32	2677	202	AA	30	444140876	29	A39, A42
43		32	3047	202	AA	30	234609623	4	
44		32	132	203	AA	30	247202566	28	
45		32	1028	203	AA	20	429744130	1	A45,46
46		32	1216	203	AA	20	429744130	4	A45,46
47		31	9939	204	AA	20	224058598	19	
48		31	9964	204	AA	20	267028849	15	A48,50
49		32	330	204	AA	30	430054352	23	
50		32	470	204	AA	20	267028849	15	A48,50

	A	B	C	D	E	F	G	H	I
51		32	846	204	AA	30	266086205	4	
52		32	880	204	AA	20	463605495	14	
53		32	916	204	AA	20	264508201	13	
54		32	1983	204	BA	20	412720715	9	A34,54,5
55		32	2104	204	AA	20	414542490	4	A55,5
56		32	2455	204	AA	20	412720715	14	A34,54,5
57		32	2708	204	AA	30	31241383	9	A24,5
58		32	3281	204	BA	20	414542490	3	A55,5
59		32	3485	204	AA	20	416669328	7	
60		31	9134	205	AA	20	545120672	78	
61		31	9996	205	AA	20	229328448	6	A36,61,6
62		32	93	205	AA	20	229328448	7	A36,61,6
63		32	634	205	AA	30	555266085	10	
64		32	2846	205	AA	20	13106928	8	
65		32	2938	205	CA	30	264524881	17	A65,9
66		32	3618	205	AA	20	351121984	7	A15,6
67		32	63	206	AA	20	237049473	13	
68		32	1517	206	AA	30	288386613	7	
69		32	1793	206	AA	20	326422220	5	
70		32	3136	206	AA	30	6281583	6	
71		32	3225	206	AA	20	345622939	4	
72		32	3585	206	AA	30	182304598	9	
73		32	53	207	AA	30	229181187	8	A33,7
74		32	1428	207	BA	30	48600303	4	A22,7
75		32	1795	207	BA	30	279098742	9	A9,7
76		32	2494	207	BA	30	220109840	11	
77		32	2535	207	AA	20	229095683	25	
78		31	9947	208	BA	30	228385769	1	
79		32	19	208	AA	30	586015186	2	A2,79
80		32	259	208	AA	30	408429967	5	
81		32	446	208	BA	30	320225603	4	
82		32	537	208	BA	30	276189745	8	
83		32	679	208	AA	30	316522541	2	
84		32	789	208	AA	30	364288678	3	
85		32	1035	208	AA	20	247327701	9	
86		32	1071	208	AA	30	420526119	15	
87		32	1327	208	BA	20	384309896	3	
88		32	1433	208	BA	20	236288665	1	A23,88
89		32	1727	208	BA	30	227010528	16	
90		32	2724	208	AA	30	401947356	2	
91		32	2781	208	BA	30	229387158	5	
92		32	2811	208	AA	30	484011481	6	
93		32	3165	208	BA	3	231569456	7	
94		32	3706	208	BA	30	294403361	2	
95		32	1374	468	FA	30	264524881	30	A65,95

	E	F	C	H
1		BED DAYS		VARIANCE
2		6		24.15618
3		10		.8370303
4		22		122.8796
5		30		364.2413
6		15		16.68809
7		14		9.517881
8		8		8.496605
9		7		15.32639
10		14		9.517881
11		10		.8370303
12		60		2409.348
13		14		9.517881
14		10		.8370303
15		18		50.19873
16		7		15.32639
17		7		15.32639
18		7		15.32639
19		9		3.666818
20		9		3.666818
21		6		24.15618
22		6		24.15618
23		7		15.32639
24		7		15.32639
25		6		24.15618
26		8		8.496605
27		9		3.666818
28		6		24.15618
29		8		8.496605
30		7		15.32639
31		8		8.496605
32		27		258.7306
33		7		15.32639
34		14		9.517881
35		8		8.496605
36		8		8.496605
37		2		79.47533
38		2		79.47533
39		15		16.68809
40		12		1.177456
41		6		24.15618
42		29		327.0711
43		4		47.21575
44		28		291.9009
45		1		98.30512
46		4		47.21575
47		19		55.26695
48		15		16.68809
49		23		146.0498
50		15		16.68809

	E	F	G	H
51			4	47.81575
52			14	9.517881
53			13	4.347669
54			9	3.666818
55			4	47.81575
56			14	9.517881
57			9	3.666818
58			3	62.64554
59			7	15.32639
60			78	4500.411
61			6	24.15618
62			7	15.32639
63			10	.8370303
64			8	8.496605
65			17	37.02852
66			7	15.32639
67			13	4.347669
68			7	15.32639
69			5	34.98597
70			6	24.15618
71			4	47.81575
72			9	3.666818
73			8	8.496605
74			4	47.81575
75			9	3.666818
76			11	.0072431
77			25	198.3902
78			1	98.30512
79			2	79.47533
80			5	34.98597
81			4	47.81575
82			8	8.496605
83			2	79.47533
84			3	62.64554
85			9	3.666818
86			15	16.68809
87			3	62.64554
88			1	98.30512
89			16	25.85931
90			2	79.47533
91			5	34.98597
92			6	24.15618
93			7	15.32639
94			2	79.47533
95			30	364.2413
96	TOTAL	1026		
97	AVERAGE	10.914894		
98	SUM(X-X')2			11237.32
99	(X-X')2/93			120.9314
100	SQRT VARIANCE=SD			10.99233

	A	C	D	E
1	SVC	DRG	PRIN DX	OP PROC
2	AA	192	5741	5522D1
3	BA	194	5741	5710D1
4	BA	197	5741	5511D1
5	BA	197	5741	5455D1
6	BA	197	5740	5511D1
7	AA	197	5741	5511D1
8	AA	197	5741	5511D1
9	AA	197	5741	5511D1
10	AA	197	5740	5511D1
11	BA	197	5753	5511D1
12	AA	197	5762	5511D1
13	BA	197	5751	5511D1
14	BA	197	5741	5511D1
15	BA	197	5741	5511D1
16	BA	197	5741	5511D1
17	AA	198	5741	5511D1
18	BA	198	5741	5511D1
19	BA	198	5741	5511D1
20	BA	198	5741	5511D1
21	BA	198	5741	5511D1
22	BA	198	5741	5511D1
23	BA	198	5741	5511D1
24	BA	198	5741	5511D1
25	BA	198	5741	5511D1
26	AA	198	5741	5511D1
27	BA	198	5741	5511D1
28	BA	198	5751	5511D1
29	BA	198	5741	5511D1
30	BA	198	5741	5511D1
31	BA	198	5741	5511D1
32	AA	199	1550	3610D1
33	AA	200	5712	1551D1
34	AA	200	5771	3610D1
35	AA	202	5711	
36	AA	202	5715	
37	AA	202	5712	
38	AA	202	5715	
39	AA	202	5713	
40	BA	202	5715	3440D1
41	AA	202	5712	3157D1
42	AA	202	5715	
43	AA	202	5711	
44	AA	203	1977	
45	AA	203	1579	
46	AA	203	1578	
47	AA	204	5770	
48	AA	204	5779	
49	AA	204	5770	3440D1
50	AA	204	5770	

	A	C	D	E
51	AA	204	5770	
52	AA	204	5770	9157D1
53	AA	204	5770	
54	DA	204	5770	
55	AA	204	5770	
56	AA	204	5770	3619D1
57	AA	204	5770	
58	DA	204	5770	
59	AA	204	5771	3619D1
60	AA	205	5722	3519D1
61	AA	205	5723	
62	AA	205	5722	
63	AA	205	5722	
64	AA	205	705	
65	CA	205	706	3449T1
66	AA	205	5722	
67	AA	206	703	
68	AA	206	5730	
69	AA	206	736	3519D1
70	AA	206	5732	
71	AA	206	5733	
72	AA	206	5710	3619D1
73	AA	207	5742	
74	DA	207	5742	
75	DA	207	5751	
76	DA	207	5741	
77	AA	207	5744	3599T1
78	DA	208	5750	
79	AA	208	5742	
80	AA	208	5750	
81	DA	208	5742	
82	DA	208	5750	
83	AA	208	5769	
84	AA	208	5742	3629D1
85	AA	208	5750	
86	AA	208	5741	
87	DA	208	5745	3215D1
88	DA	208	5742	
89	DA	208	5762	
90	AA	208	5751	3619D1
91	DA	208	5751	
92	AA	208	5741	
93	DA	208	5751	3619D1
94	DA	208	5741	
95	DA	468	5729	3519D1

A	C	E	F	G
07 E DX'S	QTY			
08 703	1	HEPATITIS		
09 705	1	HEPATITIS		
00 706	2	HEPATITIS		
01 1550	1	MALIGNANT NEOPLASM OF LIVER		
02 1572	1	MALIGNANT NEOPLASM OF PANCR		
03 1579	1	MALIGNANT NEOPLASM OF PANCR		
04 1977	1	SECONDARY NEOPLASM OF LIVER		
05 5700	1	NECROSIS OF LIVER		
06 5711	2	ALCOHOLIC HEPATITIS		
07 5712	3	ALCOHOLIC CIRRHOSIS OF LIVE		
08 5713	1	"ALCOHOLIC LIVER DAMAGE		
09 5715	4	CIRRHOSIS OF LIVER (NON-ALC		
10 5716	1	CHRONIC NON ALC LIVER DISEA		
11 5722	4	HEPATIC COMA		
12 5723	1	PORTAL HYPERTENSION		
13 5733	2	HEPATITIS UNSPECIFIED		
14 5739	1	LIVER DISORDER		
15 5740	2	CHOLELITHIASIS		
16 5741	28	CALCULUS OF GALL BLADDER		
17 5742	6	CALCULUS OF GALL BLADDER		
18 5744	1	CALCULUS OF BILE DUCT		
19 5745	1	CALCULUS OF BILE DUCT		
20 5750	4	ACUTE CHOLECYSTITIS		
21 5751	6	CHOLECYSTITIS		
22 5753	1	HYDROPS OF GALL BLADDER		
23 5762	2	OBSTRUCTION OF BILE DUCT		
24 5769	1	OBSTRUCTION OF BILE DUCT		
25 5770	12	ACUTE PANCREATITIS		
26 5771	2	CHRONIC PANCREATITIS		
27 TOTAL	94			

A	C	E	F	G	H
129 OP PRO	QTY				
130 1551D1	1	LIVER BIOPSY			
131 3215D1	1	SCAN			
132 3442U1	3	CT SCAN			
133 3619D1	2	RADIOISOTOPE SCAN			
134 3619U1	1	RADIOISOTOPE SCAN			
135 3599D1	1	OTHER NUCLEAR DIAGNOSTIC			
136 3619D1	7	ULTRASOUND			
137 3629D1	1	THERMOGRAPHY			
138 3455D1	1	EXCISION OF LARGE INTESTINE			
139 3510D1	1	CHOLECYSTOTOMY			
140 3511D1	27	CHOLECYSTECTOMY			
141 3522D1	1	MARSUPIALIZATION OF PANCREATIC DUCT			
142 3157D1	2	ASPIRATION OF PERITONEAL CAVITY			
143 TOTAL	40				

APPENDIX N

A	B	C	D
1 QUARTERLY DATA			
2 QTR NO	2		
3	TOTAL EXPENSE	WORKLOAD/ORD	COST PER WKLD
4 MEDICAL	651425	3110	209.06
5 SURGICAL	280053	1024	273.49
6 GYN	225073	623	361.27
7 PSYCHIATRIC	95343	345	276.36
8			
9 QUARTERLY DATA			
10 QTR NO	3		
11	TOTAL EXPENSE	WORKLOAD/ORD	COST PER WKLD
12 MEDICAL	1857047	8301	223.82
13 SURGICAL	886508	2936	302.63
14 GYN	342719	955	358.87
15 PSYCHIATRIC	144095	565	256.63
16			
17 QUARTERLY DATA			
18 QTR NO	4		
19	TOTAL EXPENSE	WORKLOAD/ORD	COST PER WKLD
20 MEDICAL	586469	2012	291.49
21 SURGICAL	363264	1088	333.88
22 GYN	138519	354	391.29
23 PSYCHIATRIC	56682	232	245.1[illegible]
24			
25 QUARTERLY DATA			
26 QTR NO	1		
27	TOTAL EXPENSE	WORKLOAD/ORD	COST PER WKLD
28 MEDICAL	702072	3000	236.21
29 SURGICAL	381071	940	[illegible]1.35
30 GYN	157431	330	[illegible]4.40
31 PSYCHIATRIC	15007	63	240.11
32			
33 OVERALL AVERAGES			
34 MEDICAL	3797914	15517	244.76
35 SURGICAL	1912896	5997	318.98
36 GYN	863741	2271	380.34
37 PSYCHIATRIC	312827	1297	239.19
38 INPATIENT AVG	6387372	24982	275.32

APPENDIX O

TABLE 4

ALIGNMENT OF INTERMEDIATE OPERATING EXPENSE

ACCOUNTS AND BASES FOR ASSIGNMENT

ACCOUNT	BASES OF ASSIGNMENT
1. Depreciation of Equipment	As described in the Depreciation Account.
2. Command and Administrative Support Services	Ratio of each receiving account's number of full time equivalent man-months (excluding patients) to the total number of full time equivalent workmonth.
3. [1]Personnel Support Services	Ratio of each receiving account's square footage to the total square footage of the medical treatment facility.
4. [1]Public Works	
a. Plant Management, Operations of Utilities, Other Engineering Support and that portion of the Maintenance of Real Property which cannot be identified with a specific work center	a. Ratio of each account's square footage to the total square footage of the medical treatment facility.
b. Maintenance of Real Property and Minor Construction (including projects by contract not funded under 10 USC 2674A) which can be identified with a specific work center	b. Ratio of hours (or percentage) of service rendered to each receiving account to the total hours (or percentage) of service rendered to the medical treatment facility.

c. Leases and Rental of Real Property and Facilities	c. Ratio of each receiving account's square footage used to the total square footage leased or rented by the medical treatment facility.
d. Transportation Services	d. Ratio of hours of service received by each receiving account to the total hours of service received by the medical treatment facility.
5. Materiel Service	
a. All operating expenses except equipment maintained by contract or installation provided	a. Ratio of each receiving account's combined expenses for supplies (except subsistence) and minor plant equipment to total combined expenses for supplies (except subsistence) and minor plant equipment of the medical treatment facility issued by Materiel Service.
b. Equipment maintenance by contract or provided by the installation	b. Ratio of service rendered to each receiving account to the total service rendered to the medical treatment facility.
6. [1]Housekeeping and Janitorial Service	Ratio of hours of service rendered to each receiving account to the total hours of service rendered to the medical treatment facility.

7.	Biomedical Equipment Repair	
	a. Personnel, bench stock and shop equipment costs	a. Ratio of hours of service rendered to each receiving account to the total hours of service rendered to the medical treatment facility.
	b. Medical equipment maintenance contracts	b. Ratio of hours (or percentage) of service rendered to each receiving account to the total hours (or percentage) of service rendered to the medical treatment facility.
8.	Linen and Laundry Service	Ratio of pounds of dry laundry processed for each receiving account to the total pounds of laundry processed for the medical treatment facility. Pieces of laundry processed may be used as an alternate assignment basis only if to convert to pounds of dry laundry is prohibitive in cost, or prohibited by contract.
9.	Inpatient Food Service	Ratio of inpatient rations served to each receiving account to the total inpatient rations served in the medical treatment facility.

10. Inpatient Affairs	Ratio of occupied bed days in each work center to the total number of occupied bed days in the medical treatment facility.
11. Ambulatory Care Administration	Ratio of ambulatory patient visits to each receiving account supported for record maintenance to the total visits to those clinics.
12. Pharmacy	Ratio of weighted procedures requested by each receiving account to the total weighted procedures provided by the Pharmacy.
13. Pathology	Ratio of weighted procedures requested by each receiving account to the total weighted procedures provided by Pathology.
14. Radiology	Ratio of weighted procedures requested by each receiving account to the total weighted procedures provided by Radiology.
15. Central Sterile Supply/ Materiel Service	
a. Central Sterile Supply	a. Ratio of hours of service rendered to each receiving account to the total hours of service rendered by Central Sterile Supply.

	b. Central Materiel Service	b. Ratio of cost of supplies and equipment issued to each receiving account to the total cost value of supplies and equipment issued by Central Materiel Service.
16.	Surgical Services	Ratio of hours of service provided each receiving account to the total hours of service provided by Surgical Services.
17.	Same Day Services	Ratio of hours of service provided each receiving account to the total hours of service provided by Same Day Services.
18.	Special Procedures Services	Ratio of procedures requested by each receiving account to the total procedures provided by Special Procedures Services.
19.	Rehabilitative Services	Ratio of visits requested by each receiving account to the total number of visits provided by Rehabilitative Services.
20.	Nuclear Medicine	Ratio of weighted procedures requested by each receiving account to the total weighted procedures provided by Nuclear Medicine.

APPENDIX P

	I	J	K
1	KACH	DRG	DRG-KACH
2	1468.56	10028.72	8560.16
3	3189.80	5086.49	1896.69
4	7017.56	3804.14	-3213.42
5	9569.40	3804.14	-5765.26
6	4784.70	3804.14	-980.56
7	3426.64	3804.14	377.50
8	1958.08	3804.14	1846.06
9	1713.32	3804.14	2090.82
10	3426.64	3804.14	377.50
11	3189.80	3804.14	614.34
12	14685.60	3804.14	-10881.46
13	4465.72	3804.14	-661.58
14	3189.80	3804.14	614.34
15	5741.64	3804.14	-1937.50
16	2232.86	3804.14	1571.28
17	1713.32	3262.50	1549.18
18	2232.86	3262.50	1029.64
19	2870.82	3262.50	391.68
20	2870.82	3262.50	391.68
21	1913.88	3262.50	1348.62
22	1913.88	3262.50	1348.62
23	2232.86	3262.50	1029.64
24	2232.86	3262.50	1029.64
25	1913.88	3262.50	1348.62
26	1958.08	3262.50	1304.42
27	2870.82	3262.50	391.68
28	1913.88	3262.50	1348.62
29	2551.84	3262.50	710.66
30	2232.86	3262.50	1029.64
31	2551.84	3262.50	710.66
32	6608.52	6287.41	-321.11
33	1713.32	6605.67	4892.35
34	3426.64	6605.67	3179.03
35	1958.08	3061.36	1103.28
36	1958.08	3061.36	1103.28
37	489.52	3061.36	2571.84
38	489.52	3061.36	2571.84
39	3671.40	3061.36	-610.04
40	3827.76	3061.36	-766.40
41	1468.56	3061.36	1592.80
42	7098.04	3061.36	-4036.68
43	979.04	3061.36	2082.32
44	6853.28	2798.17	-4055.11
45	244.76	2798.17	2553.41
46	979.04	2798.17	1819.13
47	4650.44	2477.06	-2173.38
48	3671.40	2477.06	-1194.34
49	5629.48	2477.06	-3152.42
50	3671.40	2477.06	-1194.34

	I	J	K
51	979.04	2477.06	1498.02
52	3426.64	2477.06	-949.58
53	3181.88	2477.06	-704.82
54	2870.82	2477.06	-393.76
55	979.04	2477.06	1498.02
56	3426.64	2477.06	-949.58
57	2202.84	2477.06	274.22
58	956.94	2477.06	1520.12
59	1713.32	2477.06	763.74
60	19091.28	2768.95	-16322.33
61	1468.56	2768.95	1300.39
62	1713.32	2768.95	1055.63
63	2447.60	2768.95	321.35
64	1958.08	2768.95	810.87
65	6465.78	2768.95	-3696.83
66	1713.32	2768.95	1055.63
67	3181.88	2365.89	-815.99
68	1713.32	2365.89	652.57
69	1223.80	2365.89	1142.09
70	1468.56	2365.89	897.33
71	979.04	2365.89	1386.85
72	2202.84	2365.89	163.05
73	1958.08	2172.76	214.68
74	1275.92	2172.76	896.84
75	2870.82	2172.76	-698.06
76	3508.78	2172.76	-1336.02
77	6119.00	2172.76	-3946.24
78	318.98	1871.56	1552.58
79	489.52	1871.56	1382.04
80	1223.80	1871.56	647.76
81	1275.92	1871.56	595.64
82	2551.84	1871.56	-680.28
83	489.52	1871.56	1382.04
84	734.28	1871.56	1137.28
85	2202.84	1871.56	-331.28
86	3671.40	1871.56	-1799.84
87	956.94	1871.56	914.62
88	318.98	1871.56	1552.58
89	5103.68	1871.56	-3232.12
90	489.52	1871.56	1382.04
91	1594.90	1871.56	276.66
92	1468.56	1871.56	403.00
93	2232.26	1871.56	-361.30
94	637.96	1871.56	1233.60
95	7775.40	5382.26	-2393.14
96	278036.94	282794.38	4737.44
97	282745.08		

APPENDIX Q

	A	B	C	D
1		ORIGINAL DATA	PHARM FRAC	PATH FRAC
2	AA (MEDICAL)	3797914	333835.17	169889.3
3	AB (SURGICAL)	1912896	39250.04	64987.93
4	AC (GYN)	863741	15327.25	37733.16
5	AF (PSYCHIATRIC)	312827	201.91	1198.713

	E	F	G	H
1	RADIOL FRAC	MSC FRAC	OPERATING TH	RECOVERY RM
2	115779.5	1989874	24.9	47407.79
3	39806.06	784400.6	127142.7	63225.81
4	29807.56	237946.7	64779.3	26036.86
5	0	213375.3	0	0

	I	J	K	L
1	ANESTH	PURGED DATA	OLD	COST/ONE DAY
2	0	1141103.34	15617	73.34
3	154010.4	639913.46	5997	106.71
4	78787.7	374322.47	2271	164.83
5	0	98051.077	1207	81.24

	A	B	C	D
1		WORKLOAD	% DISTRIB	EXP DIST
2	PHARM	QTR2	89100	506187
3	AA	13468	.1511560	76513.20
4	AB	988	.0110887	5612.938
5	AC	484	.0054321	2749.658
6	AF	13	.0001459	73.85444
7				
8		QTR3	87025	
9	AA	13373	.1536685	74459.60
10	AB	1684	.0193508	9376.353
11	AC	413	.0047458	2299.545
12	AF	23	.0002643	128.0618
13				
14		QTR4	81292	
15	AA	12788	.1573095	104886.7
16	AB	2149	.0264356	17626.02
17	AC	705	.0086724	5782.384
18	AF	0	0	0
19				
20		QTR1	83633	556191
21	AA	11725	.1401959	77975.67
22	AB	999	.0119450	6643.727
23	AC	676	.0080829	4495.655
24	AF	0	0	0

	A	B	C	D	E	F	G	H
1	CLINICAL DBAA							
2	PATH	QTR2	QTR 3	QTR4	QTR1	TOTAL		
3	TOTAL WKL	390947	359837	361423	338350	1450557		
4	EXPENSE	338154	515330	679508	154809	1687801		
5	AA	33763	33932	32658	32174	132527		
6	AB	6480	7712	4838	2679	21709		
7	AC	2912	3075	2538	1615	10140		
8	AF	448	218	364	35	1065		
9								
10	ANATOMICAL PATH	DBBA						
11	TOTAL WKL	64989	54660	44209	43766	207624		
12	EXPENSE	27277	46277	64929	25663	164146		
13	AA	3263	3874	392	1028	8557		
14	AB	7091	10870	7832	9740	34523		
15	AC	5570	6262	4344	5608	21784		
16								
17	BLOOD BANK	DBCA						
18	TOTAL WKL	20453	18193	22718	25219	86583		
19	EXPENSE	21406	30576	39606	9286	100874		
20	AA	2096	2786	2654	3169	10705		
21	AB	353	416	824	239	1832		
22	AC	646	275	577	291	1789		
23	AF	6				6		
24								
25	QTR TOTAL	2	3	4	1	TOTAL		
26	WKLD	476389	432690	428350	407335	1744764		
27	EXPENSE	386837	592183	784043	189758	1952821		
28	COST/UNIT	.8120192	1.368608	1.830379	.4658524	1.119246		
29	SVC SPEC TOTALS							
30							FRACTION	EXPENSE
31	AA	39122	40592	35704	36371	151789	.0869969	169889.3
32	AB	13914	18998	13494	11652	58064	.0332790	64937.93
33	AC	9128	9612	7459	7514	33713	.0193224	37733.16
34	AF	454	218	364	35	1071	.0006138	1198.713

	A	B	C	D	E	F	G	H
1	RADIOLOGY	WORKLOAD	DCAA					
2		QTR2	QTR3	QTR4	QTR1			G*F10
3	TOTAL	29956	28156	28436	29834	SVC TOT	FRACTION	SVC CST
4	AA	2487	2587	1678	1680	8432	.0724511	115779.5
5	AB	684	493	833	889	2899	.0249094	39806.06
6	AC	339	131	172	1456	2098	.0180268	28807.56
7								
8						TOTALS		
9	WORKLOAD	29956	28156	28436	29834	116382		
10	COSTS	304211	490344	653652	149830	1598037		
11	AA	25256.13	45053.27	38571.91	8437.166			
12	AB	6946.199	8585.722	19147.99	4464.667			
13	AC	3442.633	2281.399	3953.726	7312.210			

	A	B
23	4	
24	TOTALS	
25	AA	739949.7
26	AB	351995.1
27	AC	104765.4
28	AF	89607.52
29		
30	3	
31	TOTALS	
32	AA	562481.8
33	AB	238297.1
34	AC	65202.10
35	AF	67885.47
36		
37	2	
38	TOTALS	
39	AA	442313.0
40	AB	120823.6
41	AC	40927.37
42	AF	51231.47
43		
44	1	
45	TOTALS	
46	AA	245129.7
47	AB	73374.77
48	AC	27051.85
49	AF	4650.902
50		
51	OVERALL TOTAL	
52	AA	1989874.
53	AB	784490.6
54	AC	237946.7
55	AF	213375.3

	A	B	C	D
1	QTR2			
2	C2	AAXA		
3		EXP	HRS	%
4	TOTAL	279827	1311	
5	AA	218995.0	1026	.7826087
6	AB	20490.76	96	.0732265
7	AC	213.4455	1	.0007628
8	AF	37566.40	176	.1342487
9				
10	B2	AAXB		%
11	TOTAL	236420	2341	
12	AA	130278.4	1290	.5510466
13	AB	50091.55	496	.2118753
14	AC	706.9372	7	.0029902
15	AF	1918.830	19	.0081162
16				
17	B3	AAXC		%
18	TOTAL	227249	1954	
19	AA	93039.51	800	.4094166
20	AB	50241.33	432	.2210850
21	AC	40006.99	344	.1760491
22	AF	11746.24	101	.0516808
23				
24	TOTALS			
25	AA	442313.0		
26	AB	120823.6		
27	AC	40927.37		
28	AF	51231.47		

	A	B	C	D
1	QTR3			
2	C2	AAXA		
3		EXP	HRS	%
4	TOTAL	423164	1199	
5	AA	333519.6	945	.7881568
6	AB	24352.22	69	.0575480
7	AC	2117.585	6	.0050042
8	AF	57880.65	164	.1367807
9				
10	B2	AAXB		%
11	TOTAL	354415	2046	
12	AA	125240.5	723	.3533724
13	AB	114673.9	662	.3235582
14	AC	0	0	0
15	AF	7102.158	41	.0200391
16				
17	B3	AAXC		%
18	TOTAL	341353	1764	
19	AA	103721.8	536	.3038549
20	AB	99271.03	513	.2908163
21	AC	63084.51	326	.1848073
22	AF	2902.662	15	.0085034
23				
24	TOTALS			
25	AA	562481.8		
26	AB	238297.1		
27	AC	65202.10		
28	AF	67885.47		

	A	B	C	D
1	QTR4			
2	C2	AAXA		
3		EXP	HRS	%
4	TOTAL	557973	1085	
5	AA	394438.1	767	.7069124
6	AB	105423.5	205	.1889401
7	AC	1028.522	2	.0018433
8	AF	56568.69	110	.1013825
9				
10	B2	AAXB		%
11	TOTAL	472597	1774	
12	AA	201399.8	756	.4261556
13	AB	125741.7	472	.2660654
14	AC	0	0	0
15	AF	27439.40	103	.0580600
16				
17	B3	AAXC		%
18	TOTAL	454733	1543	
19	AA	144111.8	489	.3169151
20	AB	120829.9	410	.2657161
21	AC	103736.9	352	.2281270
22	AF	5599.434	19	.0123137
23		4		
24	TOTALS			
25	AA	739949.7		
26	AB	351995.1		
27	AC	104765.4		
28	AF	89607.52		

	A	B	C	D
1	QTR1			
2	C2	AAXA		
3		EXP	HRS	%
4	TOTAL	153468	634	
5	AA	143059.3	591	.9321767
6	AB	9440.461	39	.0615142
7	AC	0	0	0
8	AF	242.0631	1	.0015773
9				
10	B2	AAXB		%
11	TOTAL	132082	2168	
12	AA	55866.79	917	.4229705
13	AB	28024.78	460	.2121771
14	AC	0	0	0
15	AF	2254.167	37	.0170664
16				
17	B3	AAXC		%
18	TOTAL	137733	1726	
19	AA	46203.60	579	.3354577
20	AB	35909.53	450	.2607124
21	AC	27051.85	339	.1964079
22	AF	2154.572	27	.0156431
23				
24	TOTALS			
25	AA	245129.7		
26	AB	73374.77		
27	AC	27051.85		
28	AF	4650.802		

	A	B	C	D
1	OR			
2	QTR1	DFBA		
3		EXP	HRS	%
4	TOTAL	92304	1188	
5	AA	0	0	0
6	AB	52911.64	681	.5732323
7	AC	24552.24	316	.2659933
8	AF	0	0	0
9				
10	QTR2	DFBA		%
11	TOTAL	27920	1121	
12	AA	24.90633	1	.0008921
13	AB	13872.83	557	.4968778
14	AC	7696.057	309	.2756467
15	AF	0	0	0
16				
17	QTR3	DFBA		%
18	TOTAL	49234	1372	
19	AA	0	0	0
20	AB	25801.20	719	.5240525
21	AC	12487.92	348	.2536443
22	AF	0	0	0
23				
24	QTR4	DFBA		%
25	TOTAL	65140	1131	
26	AA	0	0	0
27	AB	34557.03	600	.5305040
28	AC	20043.00	348	.3076923
29	AF	0	0	0
30				
31	TOTALS			
32	AA	24.90633		
33	AB	127142.7		
34	AC	64779.30		
35	AF	0		

	A	B	C	D
1	DR			
2	QTR1	DFAC		
3		EXP	HRS	%
4	TOTAL	6281	299	
5	AA	0	0	0
6	AB	4201.338	200	.6688963
7	AC	1197.381	57	.1906355
8	AF	0	0	0
9				
10	QTR2	DFAC		%
11	TOTAL	22420	384	
12	AA	817.3959	14	.0364583
13	AB	10392.60	178	.4635417
14	AC	6013.698	103	.2682292
15	AF	0	0	0
16				
17	QTR3	DFAC		
18	TOTAL	36003	637	
19	AA	46203.6	[illegible]	.0706436
20	AB	19391.94	325	.5102041
21	AC	7995.403	134	.2103611
22	AF	0	0	0
23				
24	QTR4	DFAC		
25	TOTAL	45739	473	
26	AA	386.7992	4	.0084537
27	AB	29300.04	303	.6405920
28	AC	10930.38	112	.2387965
29	AF	0	0	
30				
31	TOTALS			
32	AA	47407.79		
33	AB	63285.01		
34	AC	26036.86		
35	AF	0		

	A	B	C	D
1	ANESTH			
2	QTR1	DFAA		
3		EXP	HRS	%
4	TOTAL	49264	273	
5	AA	0	0	0
6	AB	28872.67	160	.5860806
7	AC	11909.98	66	.2417582
8	AF	0	0	0
9				
10	QTR2	DFAA		%
11	TOTAL	60004	222	
12	AA	0	0	0
13	AB	27839.69	103	.4639640
14	AC	16487.59	61	.2747748
15	AF	0	0	0
16				
17	QTR3	DFAA		%
18	TOTAL	88026	307	
19	AA	0	0	0
20	AB	45876.74	160	.5211726
21	AC	18350.70	64	.2084691
22	AF	0	0	0
23				
24	QTR4	DFAA		%
25	TOTAL	101656	257	
26	AA	0	0	0
27	AB	51421.32	130	.5058366
28	AC	32039.44	81	.3151751
29	AF	0	0	
30				
31	TOTALS			
32	AA	0		
33	AB	154010.4		
34	AC	78787.70		
35	AF	0		

	I
1	GENERAL
2	441.24
3	1067.10
4	2347.62
5	3201.30
6	1000.65
7	1029.56
8	588.32
9	514.78
10	1029.56
11	1067.10
12	4412.40
13	1493.94
14	1067.10
15	1920.78
16	746.97
17	514.78
18	746.97
19	960.39
20	960.39
21	640.26
22	640.26
23	746.97
24	746.97
25	640.26
26	588.32
27	960.39
28	640.26
29	853.68
30	746.97
31	853.68
32	1085.50
33	514.78
34	1029.56
35	588.32
36	588.32
37	147.08
38	147.08
39	1103.10
40	1280.52
41	441.24
42	2132.66
43	294.16
44	2059.12
45	73.54
46	294.16
47	1397.26
48	1103.10
49	1691.42
50	1103.10

	I
51	294.16
52	1029.56
53	956.02
54	960.39
55	294.16
56	1029.56
57	661.06
58	320.13
59	514.78
60	5736.12
61	441.24
62	514.78
63	735.40
64	588.32
65	2802.11
66	514.78
67	956.02
68	514.78
69	367.70
70	441.24
71	294.16
72	661.06
73	588.32
74	426.84
75	960.39
76	1173.21
77	1839.50
78	106.71
79	147.09
80	367.70
81	426.84
82	853.68
83	147.09
84	220.62
85	661.86
86	1103.10
87	320.13
88	106.71
89	1707.36
90	147.09
91	588.35
92	441.24
93	740.97
94	213.42
95	2487.23
96	88049.39

APPENDIX S

	A	B	C	D
1	QUARTERLY DATA			
2	QTR NO	2		
3		TOTAL EXPENSE	WORKLOAD/ORD	COST PER WKLD
4	PHARM	506187	89100	5.68
5	PATH	386837	470389	.81
6	RADIOL	304211	29950	10.16
7				
8	QUARTERLY DATA			
9	QTR NO	3		
10		TOTAL EXPENSE	WORKLOAD/ORD	COST PER WKLD
11	PHARM	494547	87025	5.57
12	PATH	592183	432699	1.37
13	RADIOL	490344	28173	17.12
14				
15	QUARTERLY DATA			
16	QTR NO	4		
17		TOTAL EXPENSE	WORKLOAD/ORD	COST PER WKLD
18	PHARM	666754	91232	7.30
19	PATH	734043	427350	1.72
20	RADIOL	653652	29436	22.20
21				
22	QUARTERLY DATA			
23	QTR NO	1		
24		TOTAL EXPENSE	WORKLOAD/ORD	COST PER WKLD
25	PHARM	556191	93100	5.97
26	PATH	139759	407333	.47
27	RADIOL	140930	29 31	5.02
28				
29	OVERALL AVERAGES			
30	PHARM	2213679	341050	6.49
31	PATH	1952821	1744704	1.12
32	RADIOL	1588037	116392	13.70

	A	B	C	D
1	PHARMACY WEIGHTS			
2				
3	NOMENCLATURE	QTY	WT	TOTAL
4				
5	NEW PRESCRIPTION		1.00	0
6	REFILLS		1.00	0
7	CLINIC ISSUES		.60	0
8	BULK ISSUES		2.00	0
9	UNIT DOSE		.15	0
10	STERILE PRODUCT		2.00	0
11				0

		STAT WT	ROUTINE WT	ASAP WT	KDA WT	TOTALS
1						
2	AMYLASE	3	3	3		0
3	AMONIA	21	21	21		0
4	SMA 6	2.7	2.7	2.7		0
5	PT/PTT	.75	.75	.75		0
6	CBC	4	4	4		0
7	CBC/DIFF	15	15	15		0
8	SODIUM	2.2		2.2	2.8	0
9	POTASSIUM	2.2		2.2	2.8	0
10	COMPLETE UA	6	6	6		0
11	UA PROT/GLUC	6	6	6		0
12	UA CHEM	4	4	4		0
13	SEROLOGY RPR	3	3	3		0
14						0
15						0
16	HEPATIC PANEL				3.6	0
17	KDA SMA 6				3.3	0
18	RENAL PANEL	6.5		6.5	3.7	0
19	PRE-OP SCREEN				3.3	0
20	GOT/AST				2.8	0
21	LDH/LD610				2.8	0
22	GPT ALT				2.8	0
23	FTA/ABS		21			0
24						0
25	TISSUE EXAM	4				0
26						0
27	SENS/CULT/CNT					0
28	BLOOD	13	27			0
29	URINE	7.7	21.			0
30	SPUTUM	9.5	25			0
31	BILE	10.	26.			0
32	GALL BLADDER	11.	27.			0
33	CREATININE					0
34	BLOOD	3		3	2.8	0
35	URINE	3		3	2.8	0
36	UREA					0
37	BLOOD	2.5		2.5	2.8	0
38	URINE	2.5		2.5	2.8	0
39	GRAM STAIN					0
40	SPUTUM	8.8				0
41	BLOOD	3				0
42	URINE	8.8				0
43	BLOOD GAS	4	4	4		0
44	CALCIUM	3			2.8	0
45	PHOSPHATE	46			2.8	0
46	GLUCOSE	2.2	2.2	2.2	2.8	0
47	CPK	3		3	2.8	0
48	ISO-ENZYMES	3		3		0
49	SERUM IRON				2.8	0
50	FERRITIN		21			0
51	THYOPHYLLINE	3	3	3		0
52	BLOOD ALC	3	3	3		0
53	GLUCOSE TOLERANCE	2.2			2.2	0
54	BLOOD TRANSFUSION	17				0
55	HGB					0
56	HCT	3	3	3		0
57	CELL COUNT	7	18			0
58	PROTEIN	3			2.8	0
59	LDH				2.8	0
60	MAGNESIUM	3	3	3		0
61	ALBUMIN				2.8	0
62	TOXICOL	21				0
63	ALC PHOS				2.8	0
64						0

	A	B	C	D	E	F
				+6		TOTALS
1	RADIOLOGY					
2	PROCEDURE	FIXED	WT	PORTABLE	WT	
3	ABD		2.8			0
4	ABD SERIES		6			0
5	ACBE		9			0
6	BAS		7			0
7	BE		9			0
8	CHOLANGIOGRAM		7		6	0
9	CKR		6		6	0
10	GB		7			0
11	IVC		8			0
12	IVP		8			0
13	LIVER U/S		13			0
14	MAMMO		14			0
15	PELVIC U/S		13			0
16	RT DECUB		2.8		6	0
17	UGI		9			0
18	U/S GB		13			0
19	U/S PANC		13			0
					TOTAL	0
20						
21						

22 NOTES:
23 ACBE = AIR CONTRAST BE
24 GB OR = CHOLANGIOGRAM = U DILARY TREE
25 GB SCOUT = ABDOMEN = KUB
26 IVC = IV CHOLANGIOGRAM
27 IVP = IV PYLEOGRAM
28 OCG = ORAL CHOLANGIOGRAM = GB

	A	B	C
1	PHARM CNT	*CST PER	TOT CST
2	31.6	6.49	205.08
3	41.45	6.49	269.01
4	133.25	6.49	864.79
5	127.65	6.49	828.45
6	59.25	6.49	384.53
7	57.35	6.49	372.20
8	40.55	6.49	263.17
9	46.55	6.49	302.11
10	102	6.49	661.98
11	26.6	6.49	172.63
12	372.15	6.49	2415.25
13	29.85	6.49	193.73
14	23.6	6.49	153.16
15	61.85	6.49	401.41
16	26.15	6.49	169.71
17	27.65	6.49	179.45
18	31.15	6.49	202.16
19	22.85	6.49	148.30
20	19.65	6.49	127.53
21	15.95	6.49	103.52
22	27.35	6.49	177.50
23	25.25	6.49	163.87
24	13.2	6.49	85.67
25	18.45	6.49	119.74
26	22.65	6.49	147.00
27	34.85	6.49	226.18
28	21.95	6.49	142.46
29	26.25	6.49	170.36
30	27.65	6.49	179.45
31	26.55	6.49	172.31
32	93.65	6.49	607.79
33	22.35	6.49	145.05
34	48	6.49	311.52
35	28.95	6.49	187.89
36	32.3	6.49	209.63
37	5.15	6.49	33.42
38	2.3	6.49	14.93
39	45	6.49	292.05
40	41.65	6.49	270.31
41	12.55	6.49	81.45
42	101.1	6.49	656.14
43	9.25	6.49	60.03
44	89.65	6.49	581.83
45	2.45	6.49	15.90
46	9	6.49	58.41
47	68.2	6.49	442.62
48	47.25	6.49	306.65
49	78.15	6.49	507.19
50	31.25	6.49	202.81

	A	B	C
51	5.3	6.49	34.40
52	48.3	6.49	313.47
53	37.25	6.49	241.75
54	18.25	6.49	118.44
55	7.65	6.49	49.65
56	28.25	6.49	183.34
57	26.2	6.49	170.04
58	5.05	6.49	32.77
59	22.6	6.49	146.67
60	327.45	6.49	2125.15
61	18.5	6.49	120.07
62	22.45	6.49	145.70
63	31.1	6.49	201.84
64	24.45	6.49	158.68
65	61.15	6.49	396.86
66	13.95	6.49	90.54
67	43.35	6.49	281.34
68	23.65	6.49	153.49
69	13.75	6.49	89.24
70	20.7	6.49	134.34
71	11.8	6.49	76.58
72	28.55	6.49	185.29
73	26.6	6.49	172.63
74	33.95	6.49	220.34
75	35.95	6.49	233.32
76	43.45	6.49	281.99
77	68.75	6.49	446.19
78	0	6.49	.00
79	.75	6.49	4.87
80	35.35	6.49	229.42
81	9.8	6.49	63.60
82	28.6	6.49	185.61
83	4.9	6.49	31.80
84	9.85	6.49	63.93
85	35.55	6.49	230.72
86	48.25	6.49	313.14
87	13.85	6.49	89.89
88	0	6.49	.00
89	58.2	6.49	377.72
90	6.9	6.49	44.78
91	19.75	6.49	128.18
92	19.7	6.49	127.85
93	23.65	6.49	153.49
94	7.9	6.49	51.27
95	68.5	6.49	444.57
96	TOTAL		24333.28

	A	B	C	D	E	F
1	NAME		REG NO	DRG	LAB WTD VAL	VALUE
2		32	126	192	13	14.6
3		32	897	197	33.5	37.5
4		32	221	197	115	129.
5		32	875	197	388.1	435.
6		32	965	197	66.2	74.1
7		32	1015	197	211	236.
8		32	2003	197	82.55	92.5
9		32	2071	197	90.5	101.
10		32	2312	197	208.4	233.
11		32	2383	197	19.9	22.3
12		32	2848	197	1295	1450
13		32	3026	197	26.3	29.5
14		32	3087	197	24.3	27.2
15		32	3156	197	291.1	326.
16		32	3680	197	55.9	62.6
17		31	9954	198	38.7	43.3
18		31	9985	198	27.7	31.0
19		32	204	198	134.3	150.
20		32	1043	198	19.9	22.3
21		32	1330	198	13	14.6
22		32	1502	198	24	26.9
23		32	1599	198	31.3	35.1
24		32	3088	198	27.6	30.9
25		32	3140	198	20	22.4
26		32	3203	198	20.3	22.7
27		32	3322	198	66.65	74.6
28		32	3438	198	42.4	47.5
29		32	3547	198	26.9	30.1
30		32	3646	198	126	141.
31		32	3647	198	26.6	29.8
32		32	3459	199	357.2	400.
33		32	198	200	105.95	119.
34		32	1446	200	187.9	210.
35		32	342	202	52	58.2
36		32	565	202	271.25	304.
37		32	918	202	68.45	76.7
38		32	1195	202	70.6	79.1
39		32	1270	202	311.8	349.
40		32	1456	202	147.15	165.
41		32	2134	202	181.35	203.
42		32	2677	202	156.6	175.
43		32	3047	202	18.5	20.7
44		32	132	203	394.8	442.
45		32	1028	203	17.45	19.5
46		32	1216	203	2.7	3.02
47		31	9939	204	94.6	106.
48		31	9964	204	136	152.
49		32	330	204	187.4	210.
50		32	470	204	185	207.

	A	B	C	D	E	F
51		32	846	204	111.6	125.
52		32	880	204	56.5	63.3
53		32	916	204	104.7	117.
54		32	1983	204	116.6	131.
55		32	2104	204	53.2	59.6
56		32	2455	204	95.95	107.
57		32	2708	204	56.5	63.3
58		32	3281	204	78.8	88.3
59		32	3485	204	145.8	163.
60		31	9134	205	668.05	748.
61		31	9996	205	86.25	96.6
62		32	93	205	120.65	135.
63		32	634	205	240.95	270.
64		32	2846	205	237.9	266.
65		32	2938	205	253.8	284.
66		32	3618	205	181.05	203.
67		32	63	206	88.2	98.8
68		32	1517	206	99.7	112.
69		32	1793	206	36.25	40.6
70		32	3136	206	58.35	65.4
71		32	3225	206	39.6	44.4
72		32	3585	206	103.1	115.
73		32	53	207	42.3	47.4
74		32	1428	207	116.7	131.
75		32	1795	207	103.2	116.
76		32	2494	207	61.4	68.8
77		32	2535	207	366.4	410.
78		31	9947	208	30.7	34.4
79		32	19	208	19.9	22.3
80		32	259	208	72.6	81.3
81		32	446	208	51.5	57.7
82		32	537	208	87.8	98.3
83		32	679	208	55	61.6
84		32	789	208	57.4	64.3
85		32	1035	208	38.7	43.3
86		32	1071	208	73.5	82.3
87		32	1327	208	21	23.5
88		32	1433	208	28.9	32.4
89		32	1727	208	235.6	264.
90		32	2724	208	21	23.5
91		32	2781	208	76.1	85.2
92		32	2811	208	24	26.9
93		32	3165	208	18.2	20.4
94		32	3706	208	40.5	45.4
95		32	1374	468	111.55	125.
96					11300.25	7628

	A	B	C	D	E	F
1	NAME		REG NO	DRG	RADIOL WTD VAL	CST
2		32	126	192	8	109.84
3		32	897	194	59.8	821.05
4		32	221	197	31	425.63
5		32	875	197	67.8	930.89
6		32	965	197	68	933.64
7		32	1015	197	12.6	173.00
8		32	2003	197	13	178.49
9		32	2071	197	13	178.49
10		32	2312	197	19	260.87
11		32	2383	197	13	178.49
12		32	2848	197	80.4	1103.9
13		32	3026	197	26	356.98
14		32	3087	197	25	343.25
15		32	3156	197	35.8	491.53
16		32	3680	197	42	576.66
17		31	9954	198	40.8	560.18
18		31	9985	198	21	288.33
19		32	204	198	29	398.17
20		32	1043	198	31	425.63
21		32	1330	198	52.6	722.20
22		32	1502	198	12	164.76
23		32	1599	198	40	549.2
24		32	3088	198	60.6	832.04
25		32	3140	198	35	480.55
26		32	3203	198	20	274.6
27		32	3322	198	28	384.44
28		32	3438	198	48	659.04
29		32	3547	198	57	782.61
30		32	3646	198	29	398.17
31		32	3647	198	20	274.6
32		32	3459	199	59	810.07
33		32	198	200	23.8	326.77
34		32	1446	200	56	768.88
35		32	342	202	16	219.68
36		32	565	202	27	370.71
37		32	918	202	15	205.95
38		32	1195	202	21	288.33
39		32	1270	202	60.8	834.78
40		32	1456	202	60.8	834.78
41		32	2134	202	18	247.14
42		32	2677	202	6	82.38
43		32	3047	202	18	247.14
44		32	132	203	6	82.38
45		32	1028	203	0	0
46		32	1216	203	12	164.76
47		31	9939	204	37.8	518.99
48		31	9964	204	24.6	337.76
49		32	330	204	40	549.2
50		32	470	204	24.6	337.76

	A	B	C	D	E	F
51		32	846	204	11.6	159.27
52		32	880	204	6	82.38
53		32	916	204	50.8	697.48
54		32	1983	204	8.8	120.82
55		32	2104	204	41	562.93
56		32	2455	204	34.8	477.80
57		32	2708	204	12.6	173.00
58		32	3281	204	12	164.76
59		32	3485	204	31.6	433.87
60		31	9134	205	44	604.12
61		31	9996	205	6	82.38
62		32	93	205	0	0
63		32	634	205	6	82.38
64		32	2846	205	6	82.38
65		32	2938	205	41	562.93
66		32	3618	205	6	82.38
67		32	63	206	0	0
68		32	1517	206	6	82.38
69		32	1793	206	0	0
70		32	3136	206	12	164.76
71		32	3225	206	0	0
72		32	3585	206	52	713.96
73		32	53	207	15	205.95
74		32	1428	207	0	0
75		32	1795	207	24.8	340.50
76		32	2494	207	6	82.38
77		32	2535	207	0	0
78		31	9947	208	35.8	491.53
79		32	19	208	0	0
80		32	259	208	6	82.38
81		32	446	208	22	302.06
82		32	537	208	14.8	203.20
83		32	679	208	0	0
84		32	789	208	19	260.87
85		32	1035	208	37.6	516.25
86		32	1071	208	27	370.71
87		32	1327	208	24.8	340.50
88		32	1433	208	40	549.2
89		32	1727	208	15	205.95
90		32	2724	208	26	356.98
91		32	2781	208	40.6	557.44
92		32	2811	208	26	356.98
93		32	3165	208	44	604.12
94		32	3706	208	28	384.44
95		32	1374	468	20	274.6
96						

APPENDIX T

	A	B	C	D
1		MSG EXP	MSG HRS	$ PER HR
2	QTR2			
3	C2	AAXA		
4	TOTAL	279827	1311	213.4455
5				
6	B2	AAXB		
7	TOTAL	236420	2341	100.9910
8				
9	B3	AAXC		
10	TOTAL	227249	1954	116.2994
11				
12	QTR3			
13	C2	AAXA		
14		EXP	HRS	
15	TOTAL	423164	1199	352.9308
16				
17	B2	AAXB		
18	TOTAL	354415	2046	173.2234
19				
20	B3	AAXC		
21	TOTAL	341353	1754	194.6198
22				
23	QTR4			
24	C2	AAXA		
25		EXP	HRS	
26	TOTAL	537973	1695	314.8309
27				
28	B2	AAXB		
29	TOTAL	472597	1774	266.4013
30				
31	B3	AAXC		
32	TOTAL	454733	1543	294.7471
33				
34	QTR1			
35	C2	AAXA		
36		EXP	HRS	
37	TOTAL	153468	634	242.0631
38				
39	B2	AAXB		
40	TOTAL	132082	2168	60.92343
41				
42	B3	AAXC		
43	TOTAL	137723	1726	79.79296
44				
45		EXP	HRS	$ PER HR
46	C2	1414432	4229	334.4602
47	B2	1105514	9329	143.5803
48	B3	1161068	6987	166.1755
49	OVERALL	3771014	19545	192.9401

DEPARTMENT OF NURSING
KENNER ARMY COMMUNITY HOSPITAL
FORT LEE, VA 23801

UNIT: A-2/A-7 DATE: ________ TIME: 3 2001S

SIGNATURE: [redacted]

Adm #1 Adm #2

PATIENT ACUITY WORKSHEET

POINT VALUES	CRITICAL INDICATORS	ACUITY CODE
	VITAL SIGNS (MANUAL TPR, BP)	
(1)	Vital signs qid or less	1
(2)	Vital signs q4h or x 6	2
(4)	Vital signs q2h or x 12	3
(8)	Vital signs q1h or x 24	4
(2)	Rectal or axillary temp or apical pulse qid or more	5
(2)	Femoral or pedal pulses or FHT q4h or more	6
(2)	Tilt tests q4h or more	7
(6)	Post-op, post-partum, post-delivery (infants)	8
(3)	Vital signs q3h or x 8	9
	MONITORING	
(2)	Intake and output q8h	20
(8)	Intake and output q2h	21
(2)	Circulation or fundus checks q2h or x 12	22
(3)	Neuro checks q4h or x 6	23
(6)	Neuro checks q2h or x 12	24
(2)	CVP or ICP (manual) q2h or x 12	25
(6)	Cardiac/apnea/temp/pressure monitors (not cumulative)	26
(6)	Transcutaneous monitor	27
(4)	A-line or ICP (monitor) or Swan Ganz set-up	28
(2)	A-line or ICP (monitor) reading q2h or x 12	29
(2)	PAP/PA wedge reading q4h or x 6	30
(4)	PAP/PA wedge reading q2h or x 12	31
(2)	Cardiac output tid	32
	ACTIVITIES OF DAILY LIVING	
(6)	Infant/toddler care (≤ 5 years)	40
(2)	Self/minimal care (adult or child > 5 years)	41
(6)	Assisted care (> 5 years) - positions self	42
(14)	Complete care (> 5 years) - assist with positioning	43
(32)	Total care (> 5 years) - position and skin care q2h	44
(4)	Extra linen change and partial bath 2x per shift	45
(14)	Turning frame (2 staff to turn q2h)	46
(8)	Peds recreation/observation (0-12 years) (exclude NBN)	47
	FEEDING	
(5)	Tube feed adult/child/neonate q4h or x 6 (Bolus)	50
(10)	Tube feed adult/child/neonate q2h or x 12 (Bolus)	51
(6)	Adult meals > 5 years (spoon feed x 3)	52
(10)	Child meals < 5 years (spoon feed x 3)	53
(2)	Infant/neonate bottle x 1 feeding	54
(12)	Infant/neonate bottle q4h or x 6	55
(24)	Infant/neonate bottle q2h or x 12	56
(8)	Tube feed adult/child/neonate q3h or x 8	57
(2)	Tube feed (continuous) per bottle change	58
	IV THERAPY	
(4)	KVO (change bottle bid or less)	60
(4)	Heparin lock or Bravisc	61
(6)	Simple (change bottle tid or qid)	62
(6)	Complex (2 or more sites or change bottle q4h)	63
(2)	Medication q8h or x 3	64
(3)	Medication q6h or x 4	65
(4)	Medication q4h or x 6	66
(2)	Blood products (each administration)	67

POINTS	CATEGORY
0-12	I
13-31	II
32-63	III
64-95	IV
96-145	V
146-999	VI

TOTALS
Adm #1 Adm #2
45 9

CENSUS =

NOTES:
1. For any treatment/procedure that requires multiple nursing staff to perform, multiply the critical indicator point value by the number of staff required.
2. Adjust points to accommodate frequency, i.e., intake and output q1h = 16.
3. Count only those procedures performed by the nursing staff.

MEDDAC FORM 108-C
1 December 1984

Army-Fort Lee,Va.-1984-85-300-1

Annex 1 to Appendix T

Unit [illegible] 24
[illegible] . 10 IV

	A	B	C	D	E	F	G	H
1	CAT 1	CAT 2	CAT 3	CAT 4	CAT 5	CAT 6	TOTAL	*$11.73/HR
2	1	4	1				33	387.09
3		10					50	586.50
4	1	11	10				167	1958.91
5	14	2	12	2			206	2416.38
6	4	11					63	738.99
7	1	12	1				73	856.29
8	1	5	1	1			56	656.88
9	5	2					20	234.60
10		9	3	2			114	1337.22
11	2	7	1				50	586.50
12	1	12	12	35			824	9665.52
13	4	10					58	680.34
14	3	5	2				53	621.69
15	1	7	10				147	1724.31
16		7					35	410.55
17		7					35	410.55
18	3	3	1				32	375.36
19	1	7	1				48	563.04
20	1	8					42	492.66
21	3	3					21	246.33
22		6					30	351.90
23	5	2					20	234.60
24	3	3	1				32	375.36
25	1	5					27	316.71
26	7	1					19	222.87
27	6	3					27	316.71
28		6					30	351.90
29		5	3				58	680.34
30		7					35	410.55
31	6	2					22	258.06
32	4	21	2				135	1583.55
33	4	2	1				29	340.17
34	8	4	2				58	680.34
35		6	2				52	609.96
36		5	3				58	680.34
37		2					10	117.30
38	1	1					7	82.11
39		13	2				87	1020.51
40	8	4					36	422.28
41		6					30	351.90
42	14	15					103	1208.19
43	3	1					11	129.03
44	18	5	5				116	1360.68
45		1					5	58.65
46			2	2			58	680.34
47		19					95	1114.35
48	8	7					51	598.23
49	20	3					55	645.15
50	14	1					33	387.09

	A	B	C	D	E	F	G	H
51		4					20	234.60
52		8	6				106	1243.38
53	10	3					35	410.55
54	5	4					30	351.90
55	3	1					11	129.03
56	8	5	1				52	609.96
57	6	3					27	316.71
58		3					15	175.95
59	4	3					23	269.79
60		64	14				474	5560.02
61		4	2				42	492.66
62		5	2				47	551.31
63	4	2	3	1			69	809.37
64	2	5	1				40	469.20
65	12	5					49	574.77
66	1	6					32	375.36
67		12	1				71	832.83
68	6	1					17	199.41
69	4	1					13	152.49
70		5	1				36	422.28
71	3	1					11	129.03
72	8	1					21	246.33
73	2	5	1				40	469.20
74	1	3					17	199.41
75	2	7					39	457.47
76	9	2					28	328.44
77		22	3				143	1677.39
78		1					5	58.65
79	1	1					7	82.11
80	3	2					16	187.68
81		3	1				26	304.98
82	3	5					31	363.63
83		1	1				16	187.68
84	2	1					9	105.57
85		8	1				51	598.23
86	7	7	1				60	703.80
87		3					15	175.95
88		1					5	58.65
89		16					80	938.40
90	1	1					7	82.11
91	4	1					13	152.49
92		6					30	351.90
93	6	1					17	199.41
94	1	1					7	82.11
95	21	9					87	1020.51
96							TOTAL	63881.58

APPENDIX U

	A	C	E	F	G	H
1	SVC	OR TIME	OR CST	ANESTH CST	RR TIME	RR CST
2	AA	1.75	85.32	494.02	1.46667	91.98
3	BA	1.56667	76.38	442.26	1.96667	123.34
4	BA	2.41667	117.82	682.21	1.83333	114.98
5	BA	0	.00	.00	0	.00
6	BA	1.71667	83.69	484.61	2.08333	130.66
7	AA	2.25	109.69	635.16	2.66667	167.24
8	AA	2.5	121.88	705.74	.783333	49.13
9	AA	2.5	121.88	705.74	2.08333	130.66
10	AA	1.58333	77.19	446.97	1.58333	99.30
11	BA	1.41667	69.07	399.92	1.75	109.75
12	AA	0	.00	.00	.166667	10.45
13	BA	2	97.51	564.59	3.33333	209.05
14	BA	1.33333	65.00	376.39	1	62.72
15	BA	0	.00	.00	0	.00
16	BA	1.83333	89.38	517.54	2.66667	167.24
17	AA	2.13333	104.01	602.23	2.25	141.11
18	BA	1.25	60.94	352.87	2.41667	151.56
19	BA	2	97.51	564.59	1.75	109.75
20	BA	1.5	73.13	423.44	2.5	156.79
21	BA	2.08333	101.57	588.11	1.91667	120.20
22	BA	1.95	95.07	550.47	2.16667	135.88
23	BA	1.5	73.13	423.44	1.83333	114.98
24	BA	2.41667	117.82	682.21	2.41667	151.56
25	BA	2.5	121.88	705.74	1.58333	99.30
26	AA	1.66667	81.25	470.49	1.45	90.94
27	BA	2.5	121.88	705.74	2.33333	146.34
28	BA	1.25	60.94	352.87	1.33333	83.62
29	BA	1.83333	89.38	517.54	1.16667	73.17
30	BA	2.01667	98.32	569.29	2.08333	130.66
31	BA	2	97.51	564.59	1	62.72
32	AA	2.5	121.88	705.74	1.61667	101.39
33	AA	2.58333	125.94	729.26	2.25	141.11
34	AA	.466667	22.75	131.74	1	62.72
35	AA	0	.00	.00	0	.00
36	AA	0	.00	.00	0	.00
37	AA	0	.00	.00	0	.00
38	AA	0	.00	.00	0	.00
39	AA	0	.00	.00	0	.00
40	BA	0	.00	.00	0	.00
41	AA	1	48.75	282.29	1	62.72
42	AA	0	.00	.00	0	.00
43	AA	0	.00	.00	0	.00
44	AA	0	.00	.00	0	.00
45	AA	0	.00	.00	0	.00
46	AA	0	.00	.00	2.33333	146.34
47	AA	0	.00	.00	0	.00
48	AA	0	.00	.00	0	.00
49	AA	0	.00	.00	0	.00
50	AA	0	.00	.00	0	.00

	A	C	E	F	G	H
51	AA	0	.00	.00	1.75	109.75
52	AA	0	.00	.00	1.91667	120.20
53	AA	0	.00	.00	0	.00
54	BA	0	.00	.00	0	.00
55	AA	0	.00	.00	0	.00
56	AA	0	.00	.00	0	.00
57	AA	0	.00	.00	0	.00
58	BA	0	.00	.00	0	.00
59	AA	0	.00	.00	0	.00
60	AA	0	.00	.00	0	.00
61	AA	0	.00	.00	0	.00
62	AA	0	.00	.00	0	.00
63	AA	0	.00	.00	0	.00
64	AA	0	.00	.00	0	.00
65	CA	0	.00	.00	0	.00
66	AA	0	.00	.00	0	.00
67	AA	0	.00	.00	0	.00
68	AA	.416667	20.31	117.62	.2	12.54
69	AA	0	.00	.00	0	.00
70	AA	0	.00	.00	0	.00
71	AA	0	.00	.00	.75	47.04
72	AA	0	.00	.00	0	.00
73	AA	0	.00	.00	0	.00
74	BA	1.95	95.07	550.47	.75	47.04
75	BA	0	.00	.00	0	.00
76	BA	0	.00	.00	0	.00
77	AA	0	.00	.00	0	.00
78	BA	0	.00	.00	0	.00
79	AA	0	.00	.00	1.5	94.07
80	AA	0	.00	.00	0	.00
81	BA	0	.00	.00	0	.00
82	BA	0	.00	.00	0	.00
83	AA	0	.00	.00	0	.00
84	AA	0	.00	.00	0	.00
85	AA	0	.00	.00	2.83333	177.69
86	AA	0	.00	.00	0	.00
87	BA	0	.00	.00	0	.00
88	BA	0	.00	.00	0	.00
89	BA	0	.00	.00	0	.00
90	AA	0	.00	.00	1.56667	98.25
91	BA	0	.00	.00	0	.00
92	AA	0	.00	.00	0	.00
93	BA	0	.00	.00	0	.00
94	BA	0	.00	.00	0	.00
95	FA	0	.00	.00	0	.00
96						
97		OR EXP	OR HRS	$ PER HR		
98		234598	4812.00	48.75		
99						
100		ANESTH EXP	ANES HR	$ PER HR		
101		298950	1059.00	282.29		
102						
103		RR EXP	RR HRS	$ PER HR		
104		112448	1793.00	62.72		

	J	K	L	M	N	O	P	Q	R
1	GENERAL	PHARM	LAB	RAD	NSG	OR	RR	ANESTH	KACH
2	441.24	205.08	14.56	109.84	387.09	85.32	91.98	494.02	1829.13
3	1067.10	269.01	37.52	821.05	586.50	76.38	123.34	442.26	3423.16
4	2347.62	864.79	128.80	425.63	1958.91	117.82	114.98	682.21	6640.76
5	3201.30	828.45	434.67	930.89	2416.38	.00	.00	.00	7811.69
6	1600.65	384.53	74.14	933.64	738.99	83.69	130.66	484.61	4430.91
7	1029.56	372.20	236.32	173.00	856.29	109.69	167.24	635.16	3579.47
8	588.32	267.17	92.46	178.49	656.88	121.88	49.13	705.74	2656.06
9	514.78	302.11	101.36	178.49	234.60	121.88	130.66	705.74	2289.61
10	1029.56	661.98	233.41	260.87	1337.22	77.19	99.30	446.97	4146.50
11	1067.10	172.63	22.29	178.49	586.50	69.07	109.75	399.92	2605.75
12	4412.40	2415.25	1450.40	1103.89	9665.52	.00	10.45	.00	19057.92
13	1493.94	193.73	29.46	356.98	680.34	97.51	209.05	564.59	3625.59
14	1067.10	153.16	27.22	343.25	621.69	65.00	62.72	376.39	2716.53
15	1920.78	401.41	326.03	491.53	1724.31	.00	.00	.00	4864.06
16	746.97	169.71	62.61	576.66	410.55	89.38	167.24	517.54	2740.66
17	514.78	179.45	43.34	560.18	410.55	104.01	141.11	602.23	2555.65
18	746.97	202.16	31.02	288.33	375.36	60.94	151.56	352.87	2209.22
19	960.39	148.30	150.42	398.17	563.04	97.51	109.75	564.59	2992.16
20	960.39	127.53	22.29	425.63	492.66	73.13	156.79	423.44	2681.85
21	640.26	103.52	14.56	722.20	246.33	101.57	120.20	588.11	2536.75
22	640.26	177.50	26.88	164.76	351.90	95.07	135.88	550.47	2142.73
23	746.97	163.87	35.06	549.20	234.60	73.13	114.98	423.44	2341.25
24	746.97	85.67	30.91	832.04	375.36	117.82	151.56	682.21	3022.54
25	640.26	119.74	22.40	480.55	316.71	121.88	99.30	705.74	2506.58
26	588.32	147.00	22.74	274.60	222.87	81.25	90.94	470.49	1898.21
27	960.39	226.18	74.65	384.44	316.71	121.88	146.34	705.74	2936.32
28	640.26	142.46	47.49	659.04	351.90	60.94	83.62	352.87	2338.57
29	853.68	170.36	30.13	782.61	680.34	89.38	73.17	517.54	3197.21
30	746.97	179.45	141.12	398.17	410.55	98.32	130.66	569.29	2674.53
31	853.68	172.31	29.79	274.60	258.06	97.51	62.72	564.59	2313.25
32	1985.58	607.79	400.06	810.07	1583.55	121.88	101.39	705.74	6316.06
33	514.78	145.05	118.66	326.77	340.17	125.94	141.11	729.26	2441.75
34	1029.56	311.52	210.45	768.88	680.34	22.75	62.72	131.74	3217.95
35	588.32	187.89	58.24	219.68	609.96	.00	.00	.00	1664.09
36	588.32	209.63	303.80	370.71	680.34	.00	.00	.00	2152.80
37	147.08	33.42	76.66	205.95	117.30	.00	.00	.00	580.42
38	147.08	14.93	79.07	288.33	82.11	.00	.00	.00	611.52
39	1103.10	292.05	349.22	834.78	1020.51	.00	.00	.00	3599.66
40	1280.52	270.31	164.81	834.78	422.28	.00	.00	.00	2972.70

	J	K	L	M	N	O	P	Q	R
41	441.24	81.45	203.11	247.14	351.90	48.75	62.72	282.29	1718.60
42	2132.66	656.14	175.39	82.38	1208.19	.00	.00	.00	4254.76
43	294.16	60.03	20.72	247.14	129.03	.00	.00	.00	751.08
44	2059.12	581.83	442.18	82.38	1360.68	.00	.00	.00	4526.18
45	73.54	15.90	19.54	.00	58.65	.00	.00	.00	167.63
46	294.16	58.41	3.02	164.76	680.34	.00	146.34	.00	1347.03
47	1397.26	442.62	105.95	518.99	1114.35	.00	.00	.00	3579.17
48	1103.10	306.65	152.32	337.76	598.23	.00	.00	.00	2498.06
49	1691.42	507.19	209.89	549.20	645.15	.00	.00	.00	3602.85
50	1103.10	202.81	207.20	337.76	387.09	.00	.00	.00	2237.96
51	294.16	34.40	124.99	159.27	234.60	.00	109.75	.00	957.17
52	1029.56	313.47	63.28	82.38	1243.38	.00	120.20	.00	2852.27
53	956.02	241.75	117.26	697.48	410.55	.00	.00	.00	2423.07
54	960.39	118.44	130.59	120.82	351.90	.00	.00	.00	1682.15
55	294.16	49.65	59.58	562.93	129.03	.00	.00	.00	1095.35
56	1029.56	183.34	107.46	477.80	609.96	.00	.00	.00	2408.13
57	661.86	170.04	63.28	173.00	316.71	.00	.00	.00	1384.89
58	320.13	32.77	88.26	164.76	175.95	.00	.00	.00	781.87
59	514.78	146.67	163.30	433.87	269.79	.00	.00	.00	1528.41
60	5736.12	2125.15	748.22	604.12	5560.02	.00	.00	.00	14773.63
61	441.24	120.07	96.60	82.38	492.66	.00	.00	.00	1232.95
62	514.78	145.70	135.13	.00	551.31	.00	.00	.00	1346.92
63	735.40	201.84	269.86	82.38	809.37	.00	.00	.00	2098.85
64	588.32	158.68	266.45	82.38	469.20	.00	.00	.00	1565.03
65	2802.11	396.86	284.26	562.93	574.77	.00	.00	.00	4620.93
66	514.78	90.54	202.78	82.38	375.36	.00	.00	.00	1265.83
67	956.02	281.34	98.78	.00	832.83	.00	.00	.00	2168.98
68	514.78	153.49	111.66	82.38	199.41	20.31	12.54	117.62	1212.20
69	367.70	89.24	40.60	.00	152.49	.00	.00	.00	650.03
70	441.24	134.34	65.35	164.76	422.28	.00	.00	.00	1227.98
71	294.16	76.58	44.35	.00	129.03	.00	47.04	.00	591.16
72	661.86	185.29	115.47	713.96	246.33	.00	.00	.00	1922.91
73	588.32	172.63	47.38	205.95	469.20	.00	.00	.00	1483.48
74	426.84	220.34	130.70	.00	199.41	95.07	47.04	550.47	1669.87
75	960.39	233.32	115.58	340.50	457.47	.00	.00	.00	2107.26
76	1173.81	281.99	68.77	82.38	328.44	.00	.00	.00	1935.39
77	1838.50	446.19	410.37	.00	1677.39	.00	.00	.00	4372.45
78	106.71	.00	34.38	491.53	58.65	.00	.00	.00	691.28
79	147.08	4.87	22.29	.00	82.11	.00	94.07	.00	350.42
80	367.70	229.42	81.31	82.38	187.68	.00	.00	.00	948.49

	J	K	L	M	N	O	P	Q	R
81	426.84	63.60	57.68	302.06	304.98	.00	.00	.00	1155.16
82	853.68	185.61	98.34	203.20	363.63	.00	.00	.00	1704.46
83	147.08	31.80	61.60	.00	187.68	.00	.00	.00	428.16
84	220.62	63.93	64.29	260.87	105.57	.00	.00	.00	715.27
85	661.86	230.72	43.34	516.25	598.23	.00	177.69	.00	2228.09
86	1103.10	313.14	82.32	370.71	703.80	.00	.00	.00	2573.07
87	320.13	89.89	23.52	340.50	175.95	.00	.00	.00	949.99
88	106.71	.00	32.37	549.20	58.65	.00	.00	.00	746.93
89	1707.36	377.72	263.87	205.95	938.40	.00	.00	.00	3493.30
90	147.08	44.78	23.52	356.98	82.11	.00	98.25	.00	752.72
91	533.55	128.18	85.23	557.44	152.49	.00	.00	.00	1456.89
92	441.24	127.85	26.88	356.98	351.90	.00	.00	.00	1304.85
93	746.97	153.49	20.38	604.12	199.41	.00	.00	.00	1724.37
94	213.42	51.27	45.36	384.44	82.11	.00	.00	.00	776.60
95	2437.20	444.57	124.94	274.60	1020.51	.00	.00	.00	4301.81
96	88048.39	24333.28	12656.28	33300.74	63881.58	2943.85	4455.90	17045.89	246665.92

	R	S	T
1	KACH	DRG	DRG-KACH
2	1829.13	10028.72	8199.59
3	3423.16	5086.49	1663.33
4	6640.76	3804.14	-2836.62
5	7811.69	3804.14	-4007.55
6	4430.91	3804.14	-626.77
7	3579.47	3804.14	224.67
8	2656.06	3804.14	1148.08
9	2289.61	3804.14	1514.53
10	4146.50	3804.14	-342.36
11	2605.75	3804.14	1198.39
12	19057.92	3804.14	-15253.78
13	3625.59	3804.14	178.55
14	2716.53	3804.14	1087.61
15	4864.06	3804.14	-1059.92
16	2740.66	3804.14	1063.48
17	2555.65	3262.50	706.85
18	2209.22	3262.50	1053.28
19	2992.16	3262.50	270.34
20	2681.85	3262.50	580.65
21	2536.75	3262.50	725.75
22	2142.73	3262.50	1119.77
23	2341.25	3262.50	921.25
24	3022.54	3262.50	239.96
25	2506.58	3262.50	755.92
26	1898.21	3262.50	1364.29
27	2936.32	3262.50	326.18
28	2338.57	3262.50	923.93
29	3197.21	3262.50	65.29
30	2674.53	3262.50	587.97
31	2313.25	3262.50	949.25
32	6316.06	6287.41	-28.65
33	2441.75	6605.67	4163.92
34	3217.95	6605.67	3387.72
35	1664.09	3061.36	1397.27
36	2152.80	3061.36	908.56
37	580.42	3061.36	2480.94
38	611.52	3061.36	2449.84
39	3599.66	3061.36	-538.30
40	2972.70	3061.36	88.66
41	1718.60	3061.36	1342.76
42	4254.76	3061.36	-1193.40
43	751.08	3061.36	2310.28
44	4526.18	2798.17	-1728.01
45	167.63	2798.17	2630.54
46	1347.03	2798.17	1451.14
47	3579.17	2477.06	-1102.11
48	2498.06	2477.06	-21.00
49	3602.85	2477.06	-1125.79
50	2237.96	2477.06	239.10

	R	S	T
51	957.17	2477.06	1519.89
52	2852.27	2477.06	-375.21
53	2423.07	2477.06	53.99
54	1682.15	2477.06	794.91
55	1095.35	2477.06	1381.71
56	2408.13	2477.06	68.93
57	1384.89	2477.06	1092.17
58	781.87	2477.06	1695.19
59	1528.41	2477.06	948.65
60	14773.63	2768.95	-12004.68
61	1232.95	2768.95	1536.01
62	1346.92	2768.95	1422.03
63	2098.85	2768.95	670.10
64	1565.03	2768.95	1203.92
65	4620.93	2768.95	-1851.98
66	1265.83	2768.95	1503.12
67	2168.98	2365.89	196.91
68	1212.20	2365.89	1153.69
69	650.03	2365.89	1715.86
70	1227.98	2365.89	1137.92
71	591.16	2365.89	1774.73
72	1922.91	2365.89	442.98
73	1483.48	2172.76	689.28
74	1669.87	2172.76	502.89
75	2107.26	2172.76	65.50
76	1935.39	2172.76	237.37
77	4372.45	2172.76	-2199.69
78	691.28	1871.56	1180.28
79	350.42	1871.56	1521.14
80	948.49	1871.56	923.07
81	1155.16	1871.56	716.40
82	1704.46	1871.56	167.10
83	428.16	1871.56	1443.40
84	715.27	1871.56	1156.29
85	2228.09	1871.56	-356.53
86	2573.07	1871.56	-701.51
87	949.99	1871.56	921.57
88	746.93	1871.56	1124.63
89	3493.30	1871.56	-1621.74
90	752.72	1871.56	1118.84
91	1456.89	1871.56	414.67
92	1304.85	1871.56	566.71
93	1724.37	1871.56	147.19
94	776.60	1871.56	1094.96
95	4301.81	5382.26	1080.45
96	246665.92	282794.38	36128.46

APPENDIX W

	A	B	C	D	E	F
1	DRG	KACH	AVERAGE	VARIANCE	VARIANCE	STD DEV
2	192	1829.13	1829.129	N/A		
3	194	3423.16	2522.71	N/A		
4	197	6640.76		2173217.		
5	197	7811.69		6996643.		
6	197	4430.91		541205.9		
7	197	3579.47		2518923.		
8	197	2656.06		6302696.		
9	197	2289.61		8276920.		
10	197	4146.50		1040569.		
11	197	2605.75		6557854.		
12	197	19057.92		1.9297e8		
13	197	3625.59		2374652.		
14	197	2716.53		6002726.		
15	197	4864.06		91515.41	20144277	
16	197	2740.66	5166.578	5885069.		4488.238
17	198	2555.65		.6465769		
18	198	2209.22		120572.6		
19	198	2992.16		189838.6		
20	198	2681.85		15725.50		
21	198	2536.75		388.2656		
22	198	2142.73		171170.3		
23	198	2341.25		46313.90		
24	198	3022.54		217236.8		
25	198	2506.58		2487.623		
26	198	1898.21		433288.9		
27	198	2936.32		144296.8		
28	198	2338.57		47472.12		
29	198	3197.21		410566.3		
30	198	2674.53		13941.29	133746.2	
31	198	2313.25	2556.454	59147.45		365.7133
32	199	6316.06	6316.060	N/A		
33	200	2441.75				
34	200	3217.95	2829.853	N/A		
35	202	1664.09		136806.1		
36	202	2152.80		14122.58		
37	202	580.42		2112782.		
38	202	611.52		2023334.		
39	202	3599.66		2451421.		
40	202	2972.70		881236.5		
41	202	1718.60		99448.60		
42	202	4254.76		4931964.	1787111.	
43	202	751.08	2033.959	1645771.		1336.829
44	203	4526.18		6313000.		
45	203	167.63		3407648.	3936919.	
46	203	1347.03	2013.616	444338.2		1984.167
47	204	3579.17		2249518.		
48	204	2498.06		175331.2		
49	204	3602.85		2321103.		
50	204	2237.96		25162.12		

	A	B	C	D	E	F
51	204	957.17		1259258.		
52	204	2852.27		597430.0		
53	204	2423.07		118154.3		
54	204	1682.15		157756.9		
55	204	1095.35		968221.1		
56	204	2408.13		108106.6		
57	204	1384.89		482259.1		
58	204	781.87		1683414.	922337.6	
59	204	1528.41	2079.335	303520.3		960.3841
60	205	14773.63		1.1947e8		
61	205	1232.95		6814723.		
62	205	1346.92		6232657.		
63	205	2098.85		3043610.		
64	205	1565.03		5191193.		
65	205	4620.93		604478.3	24666596	
66	205	1265.83	3843.448	6644104.		4966.548
67	206	2168.98		762886.2		
68	206	1212.20		6945.565		
69	206	650.03		416688.9		
70	206	1227.98		4565.291		
71	206	591.16		496153.6	416166.4	
72	206	1922.91	1295.542	393592.6		645.1096
73	207	1483.48		689247.2		
74	207	1669.87		414505.6		
75	207	2107.26		42611.53		
76	207	1935.39		143111.3	1381988.	
77	207	4372.45	2313.689	4238478.		1175.580
78	208	691.28		363420.9		
79	208	350.42		890577.3		
80	208	948.49		119459.1		
81	208	1155.16		19309.89		
82	208	1704.46		168380.5		
83	208	428.16		749888.5		
84	208	715.27		335064.5		
85	208	2228.09		872303.7		
86	208	2573.07		1635714.		
87	208	949.99		118426.5		
88	208	746.93		299421.3		
89	208	3493.30		4836384.		
90	208	752.72		293111.3		
91	208	1456.89		26492.60		
92	208	1304.85		115.1537		
93	208	1724.37		185115.5	698813.3	
94	208	776.60	1294.122	267828.0		835.9505
95	468	4301.81	4301.811	N/A		

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